



DCFS Administrative Case Review Statewide Evaluation



PRODUCED FOR:
*Arkansas Department of Human Services
Division of Children and Family Services*

PRODUCED BY:
Hornby Zeller Associates, Inc.

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Executive Summary

This report presents statewide results from an Administrative Case Review (ACR) conducted by Hornby Zeller Associates, Inc. (HZA) for the Division of Children and Family Services (DCFS) of the Arkansas Department of Human Services (DHS) in the spring of 2009. Although DCFS conducts a number of ongoing quality assurance activities, the distinctive feature of this project is its focus on the *quality of casework* being provided to the agency's client children and families rather than on mere compliance with specific legal and policy requirements. This report also tries to identify which elements of the casework process are most closely correlated to achieving successful outcomes, as well as some of the barriers to quality casework and to the achievement of successful outcomes. The result is intended to provide the Division with specific recommendations for improving its capacity to serve children and families.

While understanding the scope of the report is important, it is equally important to understand what is not included. The study population consisted solely of cases which DCFS had opened for services. In other words, there are no cases here in which DCFS received a report of child abuse or neglect and was either still conducting its investigation or had completed the investigation and concluded that no services were needed. Even the initial assessments which receive so much attention in the following pages occur after the decision to provide services has been made and are designed to identify the kinds of services which are needed.

Consistent with this focus, HZA found only a handful of cases, fewer than two percent, in which children might not be safe. Even these were cases in which it was only *possible* that the children were not safe, because a definitive determination could not be made from the information available in this review. Whatever other conclusions are drawn here about the quality of DCFS casework, these results indicate that the children who receive services are nearly always kept safe, and that is the agency's first priority.

DESCRIPTION OF THE POPULATION

Overall, 1,108 cases were reviewed for this study—639 foster care (FC) cases and 469 protective services (PS) cases across all ten DCFS Service Areas. For FC cases, reviewers assessed and evaluated the relationship between DCFS and a designated target child who had been removed from his family's home. For PS cases, reviewers examined the relationship between DCFS and the entire family unit that was in need of services. Although reviewers considered the entire family for PS cases, both the PS and FC samples were pulled by determining the in-home or out-of-home status of a specific target child.

CASE PROGRESS AND CASEWORK QUALITY

The project used two measures for summarizing judgments about the cases:

- 1) the family's progress in achieving the goals of the case and
- 2) the quality of DCFS' casework.

The first, the case progress measure, represents the reviewer's assessment of how well the family is headed toward an appropriate outcome as specified in the case plan. The second, the casework quality determination, is the reviewer's assessment of how well the case has been handled by the agency. While the assumption underlying this study is that good casework leads to good outcomes, the two measures are in fact distinct. Success in achieving the case plan goals is a function not only of what the agency does but also of what the client does. Thus, some families will succeed despite poor casework on the part of the agency, while others will fail despite outstanding agency performance. Examining the two measures separately and comparing them to one another allows for a clearer determination of the factors which contribute to positive outcomes.

The tables below show the relationship between the quality of casework and case progress for foster care cases and protective services cases, respectively. These tables address the question: if the caseworker performs the work he or she is supposed to do, such as good family assessments, the proper numbers of visits and adequate delivery of services, does it ultimately make a difference in case progress? The statistical tests for both tables in fact reveal a significant relationship between the two outcome measures for both case types, although this relationship is stronger for PS cases than for FC cases.

**CASE PROGRESS BY QUALITY OF CASEWORK
FOR FOSTER CARE CASES**

Case Progress	Case handled appropriately		Quality of Casework		Current problems or issues	
	N	%	Past problems or issues		N	%
Significant Progress	236	55.4	33.0	43.4	45	32.8
Limited Progress	134	31.5	31.0	40.8	72	52.6
No Progress	56	13.1	12.0	15.8	20	14.6
Total	426	100.0	76	100.0	137	100.0

**CASE PROGRESS BY QUALITY OF CASEWORK
FOR PROTECTIVE SERVICES CASES**

Case Progress	Case handled appropriately		Quality of Casework			
	N	%	Past problems or issues		Current problems or issues	
Significant Progress	149	62.1	27	45.8	42	24.7
Limited Progress	63	26.3	16	27.1	53	31.2
No Progress	28	11.7	16	27.1	75	44.1
Total	240	100.0	59	100.0	170	100.0

There are several interesting findings embedded in these figures. Perhaps most importantly, a significant number of families are able to make progress on their cases even in the face of poor casework. That is true for one-quarter of the PS cases and for nearly one-third of the foster care cases for which the casework was judged deficient.

Second, despite the fact that some families succeed on their own, for both types of cases there is a clear correlation between the quality of the casework and whether the family and/or child is making significant progress. For PS cases nearly one in three which are making limited or no progress would be expected to make significant progress if the casework was being conducted appropriately.

Third, for foster care cases, the quality of the casework appears to have no impact on cases which make no progress. In other words, between 12 and 15 percent of the foster care cases show no progress, regardless of how well the casework is done. That may define the limit of what the agency can reasonably expect to accomplish with its clients. Even if the agency does everything right, no more than 85 percent will succeed.

Fourth and relatedly, where the quality of the casework seems to count most in foster care cases is in the difference between significant progress and limited progress. The numbers suggest that if every case were handled appropriately, one in six of the FC cases which are making limited progress now would be making significant progress.

Finally, for protective services families, there is a very direct relationship between the quality of the casework and whether the family is making no progress at all. If all PS cases were handled appropriately, the figures suggest that 52 percent of the cases which are making no progress now would be making either limited or significant progress.

INITIAL ASSESSMENTS AND CASE PLANS

Initial assessments and case plans are supposed to be completed within 30 days of the case opening. Moreover, they should be completed with the full participation of the family members. The assessments need to identify both the risks to the children and

the strengths of the family to deal with those risks, while the case plan should contain services or other interventions which are designed to utilize the strengths and address the risks.

With a couple of exceptions, each of these criteria is met in the majority of cases, but none of them occurs sufficiently often to meet any reasonable standard of performance. Assessments and case plans are prepared on time in roughly half the cases. Families participate in the development of the assessments in slightly more than half the cases but in the development of the case plans slightly less than half the time. Assessments frequently do not reflect either all the risks to the children in the family nor all the strengths and supports the family has at its disposal, even to the point of often not including information from the investigations conducted prior to case opening. Case plans do somewhat better at matching services to the identified risks, underlining the importance of assessments which accurately identify all the risks.

SUBSEQUENT ASSESSMENTS AND CASE PLANS

One of the truisms of child welfare practice is that assessment and planning must occur throughout the life of the case. Reassessments are needed as work between the agency and the family proceeds and as changes in family composition and external events affecting the family occur. Ideally, reassessments and reviews of the case plan occur every three months for foster care cases and every six months for protective services cases. More importantly, the content of those reassessments and revised plans must reflect the current circumstances impacting the safety, permanency and well-being of the family's children.

DCFS policy allows workers and supervisors jointly to exempt themselves from the requirement for reassessments of foster care cases every three months, and the result is that new assessments are often not completed even when other parts of the case record indicate major changes in the family's life. Even when new assessments are done, client participation in the development of the assessments is dramatically lower than the already inadequate level of participation in initial assessments. Most importantly of all, too often the assessment is either an exact copy or a slightly revised version of the previous assessment, regardless of what has changed.

With case plans the situation is somewhat better. In 84 percent of the foster care cases and 63 percent of the protective services cases, the case record includes a current case plan, i.e., one developed within the past six months. Moreover, client participation did not decline nearly as much for foster care cases and actually rose for protective services cases.

ISSUES RELATED TO PERMANENCY

Although research has repeatedly shown that the single most important factor in achieving a successful reunification of a child placed in foster care is visitation between the parent and the child, the case records reviewed for this study had visitation plans in just half of the cases where the child's goal was reunification. In fact, visitation occurred and was documented in the case record more than it was planned. Nevertheless, there were strong indications in the records that the importance of visitation is not adequately understood, at best; at worst visitation was treated as a privilege to be withheld as punishment for both parents and children rather than as an essential component of strengthening the bond between parent and child.

Assessment of the agency's efforts in pursuing adoption is hindered by the fact that many courts will not permit an adoption goal to be set until parental rights are already terminated. This makes identifying the "real" population for which the agency is pursuing adoption virtually impossible.

What did become clear, however, is that substantial numbers of children are given the goal of alternative planned permanent living arrangement, i.e., a kind of "permanency" in which the agency stops seeking a permanent, legal home for the child, without the issue of adoption ever having been considered. Nearly two-thirds of the cases with an APPLA goal were in this situation.

CASEWORKER VISITATION

In just over half of the foster care cases and fewer than one-third of the protective services cases the case record shows a visit each month for the past six months. At the same time, the consistency of caseworker visitation with the family is one of the most powerful predictors of progress for protective services cases.

SUPERVISION

In roughly half the cases DCFS supervisors fail to meet with the worker to discuss the case every six months. Those reviews occur slightly more frequently for foster care cases than for protective services cases, but for both programs more than two of every five cases go six months or more without a supervisory review. Moreover, when supervisors approve assessments and case plans, they frequently do so without having examined them in detail or without applying basic standards of casework practice in their reviews. The best evidence for that are the discussions of assessment and case plan quality in the sections above.

SERVICE AREA ISSUES

While there were differences in overall performance among the agency's Service Areas, virtually all of the issues cited in the discussions above can be found in every Area. No Area can serve as a model for the rest of the state, because each one demonstrates weakness in some aspect of the casework process. Similarly, no Area performs poorly on everything; each of them exhibits some strengths.

When one focuses on the differences among the Areas, perhaps the most notable difference lay in the attitudes of staff, both caseworkers and supervisors. Where staff were more positive, requirements were met more often, documentation was more complete, staff were more likely to act as a team and supervisors reviewed cases with their workers more frequently. When attitudes were poor, performance on requirements ranked among the lowest among the Areas, documentation was almost non-existent and viewed as an impediment to doing casework, staff complained about others in the office and there was little evidence of supervision.

FINDINGS AND RECOMMENDATIONS

Two general points need to be made about the findings of this study. First, the frequent failure to meet recognized standards of casework practice is not endangering children. For fewer than two percent of the cases examined here was there any indication that the children might be in danger. In addition, in another study HZA is currently conducting for DCFS which focuses on investigations of abuse and neglect which are overdue, it is becoming clear that caseworkers are nearly always making appropriate decisions about safety. Out of over 800 overdue investigations examined so far, only three cases have been referred to the agency for an immediate visit to the family to determine whether the children are safe. The consequences of poor casework for the population examined here lie not in safety issues but rather in issues of permanency and well-being.

The second point has to do with documentation. The basic rule governing the data collection for this project was: if it was not documented, it was not done. For some events, this is a tautology. If the case plan document was not completed or not completed on time, the absence of the documentation is the same thing as the absence of the plan. In other instances, however, an action may have been taken without having been recorded. Families may have been involved in the assessment of their needs and strengths or children in foster care may have received visits from the caseworkers without that having been noted in the record.

The potential for differences between the documentation and the actions taken does not mean that standards were met in the vast majority of cases. Most of the issues have been viewed from a variety of perspectives and the correlations between the occurrence of various actions and progress on the case are sufficiently strong to suggest that less documentation does indicate that less was done. Nevertheless, it must also be

admitted that the poor documentation makes it difficult to determine exactly what was done in each instance.

Findings

- 1) On any given requirement or measure of casework practice, DCFS is likely to show conformity about 50 percent of the time. That is not sufficient.**

Hundreds of counts and percentages are presented in this report. Frequently, the percentage of cases which met a particular criterion was within a few percentage points of 50 percent. To know what that means, however, one needs a standard. To a large extent that level has already been articulated by the federal government. In its Child and Family Services Reviews (CFSR) it requires a state to improve its performance if it does not achieve conformity in 95 percent of the relevant cases using a case review tool that includes qualitative measures such as the one used for this review. Whether one uses that standard or the lower 90 percent the government used during the first round of the CFSR, DCFS needs to improve its performance on each and every measure examined in this report.

- 2) The quality of the agency's casework makes a measurable difference in the extent to which DCFS intervention leads to positive outcomes for children and families.**

Child welfare work is more frequently misunderstood than perhaps any other profession. Too often it is viewed as saving vulnerable children from malicious parents. While such cases do exist, they are a small minority in public agency caseloads. The far more common objective is to provide parents the knowledge, skills and supports they need to protect and care for their children without government intervention.

Achieving that objective is more likely when the DCFS caseworker has met the requirements and practices examined here. When the initial assessment and case plan are on time; when the family was involved in developing them; when the assessments reflect the needs and strengths of the family and the plans address the needs and utilize the strengths; when reassessments and case plan reviews occur regularly; when caseworkers visit with the children and families and engage them in substantive discussions about what is needed for the case to make progress; and when supervisors review each of these steps in substantive ways; then, families are more likely to become stronger and more independent and children are more likely to have permanent homes.

- 3) Case specific supervision is weak.**

While many workers reported feeling "supported" by their supervisors, there was no evidence that supervisors accomplished their required tasks any more frequently than did workers. Reviews of cases by individual supervisors occurred too infrequently, the

supervisory tool documenting the supervisor's examination of the case was missing in nearly half the cases and supervisors often signed and approved assessments and case plans which had obvious inaccuracies. In short, supervisors may be fulfilling one of the standard supervisory functions, namely, providing support to their workers, but they are not doing some of the others, including holding workers accountable and teaching workers how to do their jobs more effectively.

4) Caseworkers do not involve families sufficiently often either in conducting assessments of the strengths and needs of the family or in developing the case plans.

The most frequent reason cited in the case record for the non-delivery of many of the services listed in the case plans was client refusal or non-cooperation. Had the review included interviews with or other input from the clients, another story would undoubtedly have developed. Assuming, however, that the case records are correct on this issue, it is unclear why caseworkers would expect clients to cooperate with services when they do not ask them to participate in the assessment or planning. Indeed, without that involvement the case plan is less a plan than a set of commands and the motivation for compliance is not commitment but fear. The case plan becomes simply an exercise of the caseworker's power over the client.

5) Documentation, both in CHRIS and in the hard copy files, is extremely poor and reduces the quality of the casework.

The attitude that documentation does not matter seems to be quite widespread among DCFS workers and supervisors. That perspective would be at least arguable (although probably still wrong) if child welfare were a simpler system. It is not. First of all, without good documentation, the division of labor between primary and secondary workers will often dissolve into confusion, as it does. Second and much more importantly, the turnover among caseworkers in DCFS is such that failures to document virtually require the next worker to start from the beginning in terms of assessments, plans and follow-up monitoring.

It is not an accident that it is the professions where documentation is most demanded and most important. While many caseworkers find documenting what happened in a visit with a family too burdensome, lawyers have to record what they are doing every five minutes and doctors (even those with paper records only) know both what issues brought you into their offices during the past several years and what was done about it each time. Casework needs the same kind of systematization and documentation is a critical component of that.

6) One of the factors contributing to poor attitudes regarding documentation is the poor design of some of the forms.

In most agencies there is much less resistance to demands for documentation when the documentation is meaningful and useful. Documentation that is repetitive, of limited

relevance for making decisions or built to conform more to the limits of the computer system than to the demands of casework will and probably should draw resistance.

The most egregious example discovered during this review was the case plan. Unlike the plans in most states which have goals, objectives and tasks or services, DCFS' plan articulates a need not an objective and requires a service for every need. That means that instead of saying that the objective is for the family to keep its house in safe, clean order, the DCFS plan says that the agency will be providing housing services to the family. The objective is never stated and the promise of a service is illusory. Much of the service data in the CHRIS case plans is, therefore, meaningless, and any time a worker spends creating those data will feel wasted.

7) Excessive workloads contribute to workers' inability to perform more effectively.

While this study did not focus on or measure workloads, reviewers did talk with numerous caseworkers and supervisors about that issue. It was not surprising that excessive workloads were blamed for lack of documentation, late assessments and plans and infrequent caseworker visits. Such complaints can be heard in nearly all child welfare agencies. If some of the hard numbers caseworkers and supervisors reported were even approximately true, there certainly are spots across the state where workloads are excessive.

Ironically, some of the workload issues could be solved by the workers and supervisors. In one Area, for instance, there were protective services cases which clearly could have been closed but which continued to stay open and to place demands on worker time. Most of the workload burden is not of this type, but neither is it clear that workload is the most important contributor to poor casework. It is, however, an issue which will need to be addressed.

Recommendations

While the following are presented as recommendations, they should probably be better thought of as starting points for re-thinking how DCFS operates. In fact, these could not be implemented without a great deal of thought and consideration in any event.

There are only four recommendations, and none of them is revolutionary. Instead, they focus on the basics of casework and how to ensure that those basics are applied in every case. All of the issues discussed in this report represented basic social work practice, and it will be through implementing the basics that DCFS moves from being 50 percent effective to being 90 percent effective.

The real issue regarding the recommendations emanating from a project such as this has less to do with the goal than with the means of getting there. Both the results of this study and HZA's knowledge of DCFS suggest that the best means of reaching the goal

of a more effective agency will involve stronger supervision, a better definition of the population to be served, greater structure in casework decision-making and documentation requirements which relate directly to the decisions that have to be made.

Recommendation 1: DCFS should introduce a new model of supervision, one that ensures supervisors have the knowledge, the skill and the time to provide workers with appropriate support, ongoing mentoring and accountability.

If management is to change the direction of the agency, it has to enlist the supervisors in that effort. To introduce a new model of supervision means to change the way supervisors understand their job and to provide them with the tools necessary to carry out that new understanding.

Such a change will require several steps. First, there needs to be training specific to supervisors and this needs to involve not just an initial introductory course but ongoing (at least annual) courses which allow supervisors to deepen their understanding of both the clients and of supervision itself.

Second, those supervisors who are carrying cases need to be relieved of those cases so they can devote themselves full-time to supervision. When supervisors carry cases, there is a very good chance that the cases their workers carry will suffer.

Accountability is the focus of the third step for this recommendation. While providing support and mentoring to workers can be done without specific structures, there need to be organization-wide structures for accountability. Some of the measurements for those structures are already in place, for example, in the COR. There is, however, no consequence for repeated, persistent failure to meet the requirements. There is not even a consequence for relative failure, i.e., for consistently being among the worst performers in a system which is performing inadequately as a whole. Accountability with consequences needs to start with Area Managers and supervisors.

Recommendation 2: DCFS should radically reduce caseloads, both by closing cases which need not be open and by restricting the opening of new cases.

The caseloads cited by some caseworkers and supervisors are not supportable. At the same time, it is clear that large increases in the number of caseworkers and supervisors are unlikely and might not be desirable even if likely. A reduction in caseloads has to come from a different direction; it has to come from reducing the population served.

Recommendation 3: DCFS should adopt a rigorous system of structured decision-making for making decisions about case openings, child removals, permanency goals, discharges from out-of-home care and case closings.

This recommendation could have been about reducing turnover and improving worker knowledge and skill, but similar efforts have proven difficult if not impossible in other states. The alternative is to reduce caseworker and supervisor discretion by employing structured methods for collecting and recording data and standardized decision-making criteria for each of the critical decisions that have to be made.

Recommendation 4: DCFS should, as part of the development of a structured decision-making system, re-design its documentation forms and requirements to make them more useful and simultaneously change policy to reduce or eliminate all worker- and/or supervisor-generated exemptions to requirements.

By its very nature structured decision-making will require new assessment tools and new case plan documents. This recommendation is, therefore, really about the criteria to be used when new tools are developed. While this study did not try to determine whether the documentation criteria and forms are more onerous in Arkansas than they are elsewhere, the perception that documentation is getting in the way of doing casework needs to change. For that to happen, it has to be clear that each piece of information collected fits into a decision and helps the caseworker make that decision.

Introduction and Overview

This report presents statewide results from an Administrative Case Review (ACR) conducted by Hornby Zeller Associates, Inc. (HZA) for the Division of Children and Family Services (DCFS) of the Arkansas Department of Human Services (DHS) in the spring of 2009. As part of this project, HZA has previously provided DCFS with reports for individual DCFS Service Areas as reviews were concluded in those Areas. This report provides summary results and analyses for the state as a whole, while noting significant differences among the Areas.

Although DCFS conducts a number of ongoing quality assurance activities, the distinctive feature of this project is its focus on the *quality of casework* being provided to the agency's client children and families rather than on mere compliance with specific legal and policy requirements. In examining case planning, for instance, the questions relate not simply to whether a case plan exists or whether it was completed on time, but also to the level of involvement of the client family, to the consistency between the findings of the assessment and the content of the plan and to the degree to which the content of the plan is actually implemented. This report also tries to identify which elements of the casework process are most closely correlated to achieving successful outcomes, as well as some of the significant barriers to quality casework and to the achievement of successful outcomes. The result is intended to provide the Division with specific recommendations for improving its capacity to serve children and families.

While understanding the scope of the report is important, it is equally important to understand what is not included. The study population consisted solely of cases which DCFS had opened for services. In other words, there are no cases here in which DCFS received a report of child abuse or neglect and was either still conducting its investigation or had completed the investigation and concluded that no services were needed. Even the initial assessments which receive so much attention in the following pages occur after the decision to provide services has been made and are designed to identify the kinds of services which are needed.

Consistent with this focus, HZA found only a handful of cases, fewer than two percent, in which children might not be safe. Even these were cases in which it was only *possible* that the children were not safe, because a definitive determination could not be made from the information available in this review. Whatever other conclusions are drawn here about the quality of DCFS casework, these results indicate that the children who receive services are nearly always kept safe, and that is the agency's first priority.

With these limitations, the report is organized roughly according to the casework process after the decision has been made to provide services. After a brief description of the population studied and a summary of the reviewers' judgments on the progress being achieved in each case and the overall quality of the casework, the topics of discussion are:

- 1) initial assessments and case plans;
- 2) subsequent assessments and case plans;
- 3) issues related to permanency;
- 4) caseworker visitation;
- 5) supervision; and
- 6) findings and recommendations.

Description of the Study Population

Overall, 1,108 cases were reviewed for this study—639 foster care (FC) cases and 469 protective services (PS) cases across all ten DCFS Service Areas. For FC cases, reviewers assessed and evaluated the relationship between DCFS and a designated target child who had been removed from his family’s home. For PS cases, reviewers examined the relationship between DCFS and the entire family unit that was in need of services. Although reviewers considered the entire family for PS cases, both the PS and FC samples were pulled by determining the in-home or out-of-home status of a specific target child.

Below, Table 1 shows the distribution of reviewed cases across the state. The percentage of FC and PS cases reviewed in each Area were similar.

**TABLE 1:
CASES REVIEWED BY CASE TYPE AND DCFS SERVICE AREA**

DCFS Service Area	FC Cases		PS Cases	
	N	%	N	%
1	50	7.8	40	8.5
2	66	10.3	47	10.0
3	56	8.8	38	8.1
4	57	8.9	56	11.9
5	74	11.6	46	9.8
6	88	13.8	58	12.4
7	55	8.6	42	9.0
8	76	11.9	49	10.4
9	45	7.0	27	5.8
10	72	11.3	66	14.1
Total	639	100.0	469	100.0

Table 2 shows the length of time that cases were open prior to their review. FC cases were typically open for a longer period of time than PS cases. Nearly 60 percent of the latter were open less than six months and over 80 percent for less than one year.

**TABLE 2:
LENGTH OF TIME CASE OPEN BY CASE TYPE**

Length of Time*	FC Cases		PS Cases	
	N	%	N	%
Less than 6 Months	136	21.3	278	59.3
6 to 12 Months	131	20.5	104	22.2
12 to 18 Months	76	11.9	34	7.2
18 to 24 Months	50	7.8	22	4.7
2 to 5 Years	139	21.8	29	6.2
More than 5 Years	107	16.7	1	0.2
Total	639	100.0	469	100.0

* For FC cases, length of time open was measured from most recent removal date; for PS cases, length of time open was measured from most recent case opening date.

Table 3 provides demographic information on the target children who determined whether the case would be reviewed as either a FC or PS case. Nearly 60 percent of the target children in PS cases were ten or younger, compared to 40 percent of the target FC children. Conversely, nearly 40 percent of the children in foster care were 14 or older, compared to less than 25 percent of the target protective services children. There were, however, no substantial differences between the two groups in relation to race or ethnicity, with nearly 60 percent of both groups being White and just over one-quarter being African American.

**TABLE 3:
CHILDREN'S AGE AS OF JANUARY 1, 2009**

Age Range	FC Cases		PS Cases	
	N	%	N	%
0 to 1	136	21.3	91	19.4
2 to 5	120	18.8	89	19.0
6 to 10	72	11.3	100	21.3
11 to 13	59	9.2	70	14.9
14 to 17	206	32.2	102	21.7
18 and Older	46	7.2	10	2.1
Unable to Determine	0	0.0	7	1.5
Total	639	100.0	469	100.0

CHILDREN'S RACE/ETHNICITY

	FC Cases		PS Cases	
	N	%	N	%
White	381	59.6	267	56.9
Black	166	26.0	134	28.6
Hispanic	31	4.9	22	4.7
More than One	55	8.6	27	5.8
Other/Unable to Determine	6	0.9	19	4.1
Total	639	100.0	469	100.0

Overall Assessments of Case Progress and the Quality of Casework

The project used two measures for summarizing judgments about the cases:

- 1) the family's progress in achieving the goals of the case and
- 2) the quality of DCFS' casework.

The first, the case progress measure, represents the reviewer's assessment of how well the family is headed toward an appropriate outcome as specified in the case plan, while the casework quality determination is the reviewer's assessment of how well the case has been handled by the agency. While the assumption underlying this study is that good casework leads to good outcomes, the two measures are in fact distinct. Success in achieving the case plan goals is a function not only of what the agency does but also of what the client does. Thus, some families will succeed despite poor casework on the part of the agency, while others will fail despite outstanding agency performance. Examining the two measures separately and comparing them to one another allows for a clearer determination of the factors which contribute to positive outcomes.

OVERALL CASE PROGRESS

Reviewers assessed case progress at the time of each review on a three-point scale: "significant progress," "limited progress" and "no progress." If the level of progress in a given case remained ambiguous even after a thorough review of the hardcopy file and discussion with the assigned caseworker and/or supervisor, the progress for that case was recorded as "unable to determine." However, a later examination of those cases indicated that they were sufficiently similar to the "no progress" cases that the two groups have been merged in the following analyses.

Table 4 shows the distribution of FC and PS cases in terms of overall case progress. While it appears that more PS cases than FC cases have no overall case progress, the statistical test for this table suggests no significant difference between the two.¹

**TABLE 4:
OVERALL CASE PROGRESS BY TYPE OF CASE**

Current Case Progress	FC Cases		PS Cases	
	N	%	N	%
Significant Progress	314	49.1	218	46.5
Limited Progress	237	37.1	132	28.1
No Progress	88	13.8	119	25.3
Total	639	100.0	469	100.0

Chi-square = 39.64, df = 3, p < 0.001

¹ For an explanation of chi-square and gamma, the other statistic used in several places in this report, see Appendix A on the study methodology.

The most important thing this table does show is that fewer than one-half of all the cases in each group are making significant progress. That finding underscores the importance of identifying the factors which are impeding progress.

While fewer of the foster care cases show no progress than protective services, the finding is mitigated by the fact that foster care cases are being measured on the current goal rather than the original one and over half the foster care cases in the sample had been in care for over 18 months.

The progress for a child in foster care may be progress towards finding an adoptive home or even progress towards identifying an alternative permanent living arrangement, and these goals are generally selected only after there has been a failure to reunify the child with his or her parents. For protective services cases, on the other hand, there is always only one goal: maintain the child safely at home.

OVERALL QUALITY OF CASEWORK

In assessing the quality of casework, reviewers were asked to assign the case to one of four categories:

- 1) handled appropriately;
- 2) past problems, but progressing well now;
- 3) some issues that might be affecting case progress; and
- 4) significant issues that might be endangering children.

Table 5 shows the distribution of cases in terms of the overall quality of casework. In about two-thirds of the foster care cases and half the protective services cases, the judgment was that the case is being handled appropriately. While substantial percentages of both types of cases reveal current issues that need to be addressed, the statistical test shows a significant difference between FC and PS cases. Protective services cases are less likely to be handled appropriately throughout and more likely to exhibit casework issues which are impeding the family's progress. Even with that difference, however, only 17 of the 469 protective services cases, less than four percent, showed any indication that the children might be in danger. Only two of the 639 foster care children, less than one-half of one percent, exhibited any indication of a safety issue.²

It is interesting to recall that FC cases and PS cases showed similar levels of overall case progress, despite the fact that the quality of casework in FC cases was greater than that of PS cases. That leads to the question of how progress in achieving outcomes correlates to the quality of the casework.

² Given the relatively small number of cases with "significant issues," these cases will be grouped together with cases with "some issues" in subsequent analyses.

**TABLE 5:
OVERALL QUALITY OF CASEWORK BY TYPE OF CASE**

Quality of Casework	FC Cases		PS Cases	
	N	%	N	%
Case handled appropriately	426	66.7	240	51.2
Past problems, but progressing well now	76	11.9	59	12.6
Some issues might be affecting case progress	135	21.1	153	32.6
Significant issues might be endangering child(ren)	2	0.3	17	3.6
Total	639	100.0	469	100.0

Chi-square = 41.96, df = 3, p < 0.001

CASE PROGRESS IN RELATION TO THE QUALITY OF CASEWORK

Tables 6 and 7 show the relationship between the quality of casework and case progress for foster care cases and protective services cases, respectively. These tables address the question, if the caseworker performs the work he or she is supposed to do, such as good family assessments, proper numbers of visits and adequate delivery of services, does it ultimately make a difference in case progress. The statistical tests for both tables in fact reveal a significant relationship between the two outcome measures for both case types, although this relationship is stronger for PS cases than for FC cases. Furthermore, an analysis by DCFS Area shows that the relationships for PS cases are even stronger in some of the individual Areas, and most are significant. For foster care cases that is only true for Area 1.

**TABLE 6:
CASE PROGRESS BY QUALITY OF CASEWORK
FOR FOSTER CARE CASES**

Case Progress	Case handled appropriately		Quality of Casework Past problems or issues		Current problems or issues	
	N	%	N	%	N	%
Significant Progress	236	55.4	33.0	43.4	45	32.8
Limited Progress	134	31.5	31.0	40.8	72	52.6
No Progress	56	13.1	12.0	15.8	20	14.6
Total	426	100.0	76	100.0	137	100.0

Chi-square = 24.48, df = 4, p < 0.001

Gamma = .260, p < 0.001

There are several interesting findings embedded in these figures. Perhaps most importantly, a significant number of families are able to make progress on their cases even in the face of poor casework. That is true for one-quarter of the PS cases and for nearly one-third of the foster care cases for which the casework was judged deficient. As noted previously, the progress on a foster care case may be coming after the child's

family is out of the picture and represents the efforts of the judge, the adoptive parents or relatives.

**TABLE 7:
CASE PROGRESS BY QUALITY OF CASEWORK
FOR PROTECTIVE SERVICES CASES**

Case Progress	Case handled appropriately		Quality of Casework			
	N	%	Past problems or issues		Current problems or issues	
	N	%	N	%	N	%
Significant Progress	149	62.1	27	45.8	42	24.7
Limited Progress	63	26.3	16	27.1	53	31.2
No Progress	28	11.7	16	27.1	75	44.1
Total	240	100.0	59	100.0	170	100.0

Chi-square = 72.18, df = 4, $p < 0.001$

Gamma = .534, $p < 0.001$

Second, despite the fact that some families succeed on their own, for both types of cases there is a clear correlation between the quality of the casework and whether the family and/or child is making significant progress. That impact is greater for protective services cases than for foster care, but it is substantial in both instances. For PS cases nearly one in three which are making limited or no progress would be expected to make significant progress if the casework was being conducted appropriately.

Third, for foster care cases, the quality of the casework appears to have no impact on cases which make no progress. In other words, between 12 and 15 percent of the foster care cases show no progress, regardless of how well the casework is done. That may define the limit of what the agency can reasonably expect to accomplish with its clients. Even if the agency does everything right, no more than 85 percent will succeed.

Fourth and relatedly, where the quality of the casework seems to count most in foster care cases is in the difference between significant progress and limited progress. The better the casework, the more likely the family and/or child is to achieve significant progress. Stated differently, the numbers suggest that if every case were handled appropriately, one in six of the FC cases which are making limited progress now would be making significant progress, even with the relatively low rates of progress shown for cases with good quality work.

Finally, the importance of quality casework is very different for protective services cases than it is for foster care cases. For protective services families, there is a very direct relationship between the quality of the casework and whether the family is making no progress at all. If all PS cases were handled appropriately, the figures in Table 7 suggest that 52 percent of the cases which are making no progress now would be making either limited or significant progress. This is a much larger impact than is found

with foster care and it involves the cases which appear to be the most difficult, judged by the fact that they are not even making limited progress at the present time.

The correlation between case progress and quality casework is not perfect. Progress depends on the family as well as on the agency, and some families will fail despite the best efforts of the agency while others will succeed despite very poor agency efforts. Nevertheless, the figures above show that improvement in the quality of the casework can have substantial impacts on the achievement of outcomes for clients. The next sections will examine the casework process in detail to identify those components of the process where the agency does well and those where it needs to improve, as well as those components which are most important for progress towards case plan goals.

Initial Assessment and Case Plan

The first steps in the casework process after the decision has been made to open the case and provide services is to assess the needs of the family and to develop a plan based on that assessment. In Arkansas the assessment is accomplished through the Family Strengths, Needs and Risk Assessment (FSNRA), while the case plan is a separate document. This section of the report will examine both the initial FSNRA and the initial case plan on three dimensions: timeliness, family engagement and involvement, and the quality of the work done with these products.

SUMMARY OF FINDINGS

Initial assessments and case plans are supposed to be completed within 30 days of the case opening. Moreover, they should be completed with the full participation of the family members. The assessments need to identify both the risks to the children and the strengths of the family to deal with those risks, while the case plan should contain services or other interventions which are designed to utilize the strengths and address the risks.

With a couple of exceptions, each of these criteria is met in the majority of cases, but none of them occur sufficiently often to meet any reasonable standard of performance. Assessments and case plans are prepared on time in roughly half the cases. Families participate in the development of the assessments in slightly more than half the cases but in the development of the case plans slightly less than half the time. Assessments frequently do not reflect either all the risks to the children in the family nor all the strengths and supports the family has at its disposal, even to the point of often not including information from the investigations conducted prior to case opening. Case plans do somewhat better at matching services to the identified risks, underlining the importance of assessments which accurately identify all the risks.

TIMELINESS

FSNRA

According to DCFS policy, caseworkers must complete the initial FSNRA within 30 days of the case opening date. The Division's Compliance Outcome Report (COR) measures this indicator on a monthly basis. While the cases reviewed for this study opened at a variety of points in time and would therefore not all be included in a single COR, Table 8 replicates the COR findings for the entire study population.

Only about half of the initial FSNRAs were completed in a timely fashion, and there is no statistically significant difference between FC and PS cases on this compliance measure. While all of the cases examined here had been open long enough to have been required to have an initial FSNRA and some had been open for very long periods

of time, among those cases without a timely FSNRA some had no assessment at all. This was true primarily for protective services cases open less than six months, but it also included a few cases open more than a year.

**TABLE 8:
INITIAL FSNRA COMPLETED WITHIN
30 DAYS OF CASE OPENING**

	FC Cases	PS Cases
Applicable N	639	469
N in Compliance	326	224
% in Compliance	51.0	47.8

Case Plan

As with FSNRAs, initial case plans must be completed within 30 days of the case opening date. Table 9 shows the COR data for the timeliness of initial case plans among the study population.

**TABLE 9:
INITIAL CASE PLAN COMPLETED WITHIN 30
DAYS OF CASE OPENING**

	FC Cases	PS Cases
Applicable N	639	469
N in Compliance	319	162
% in Compliance	49.9	34.5

Chi-square = 26.04, df = 1, p < 0.001

While half of the FC cases in this study had their initial case plans completed in a timely fashion, only about one-third of PS cases did, a statistically significant difference. As with the FSNRAs, there were also a significant number of protective services cases without any initial case plan, almost always the same cases.

The differences between compliance on foster care cases and compliance on protective services cases raises the first theme that will recur throughout this report. One of the broad observations made by multiple reviewers during this project was that caseworkers tended to show considerably less attention to PS cases than to FC cases. Here, that shows up as lower compliance on the development of the initial FSNRA and initial case plan, more so the latter. In later discussions, it will show up in different ways, but the theme remains the same.

FAMILY ENGAGEMENT AND INVOLVEMENT

FSNRA

As a matter of both policy and nationally recognized standards, caseworkers should complete the assessment with family members' input, because the assessment should be a process through which the worker comes to a full understanding of the family – not just its needs and risks but also its strengths and support systems. In addition, the assessment process should be part of an effort to engage the family members, to build a relationship with them. Research shows that the more involved the family members are in verbalizing and prioritizing their needs, the greater the likelihood they will be committed to change.³ In the presence of open communication, family members can work together more easily to identify the informal and formal supports that can reduce or eliminate the factors causing harm or risk.

Table 10 provides an overview of the level of involvement of the family members in the development of the initial FSNRA.

**TABLE 10:
CLIENTS' LEVEL OF INVOLVEMENT IN COMPLETING THE INITIAL FSNRA**

Level of Involvement	FC Cases		PS Cases	
	N	%	N	%
All	365	57.6	253	64.5
Some	161	25.4	81	20.7
None	108	17.0	58	14.8
Total	634	100.0	392	100.0

Caseworkers involved all appropriate clients⁴ in the completion of initial assessments in only 58 percent of FC cases and in almost 65 percent of PS cases. Where only some of the appropriate family members were involved in the development of the initial assessment, reviewers observed that age-appropriate children were left out of the process more frequently than were parents.

For foster care cases the percentage in which all clients were involved in the process ranged from a low of 42 percent in Area 7 to a high of 67 percent in Area 9. The range for protective services cases was slightly wider, from 47 percent in Area 10 to 79 percent in Area 5.

The reversing of the percentages on this measure, i.e., greater attention to the family in PS cases than in FC cases, should not be surprising. This analysis covers only cases in which an initial FSNRA existed. If the 16 percent of the PS cases where there was no initial assessment is added to the cases in which not all relevant clients were

³ Kaplan, Lisa and Girard, Judith *Strengthening High Risk Families*, 1994 Lexington Books

⁴ Appropriate clients included applicable caretakers and age-appropriate children.

involved, the PS percentage drops to 54 percent of those with all family members involved.

Case Plan

DCFS policy specifies that the caseworker should develop the case plan with the involvement of the parents, age-appropriate children, foster parents (if applicable), the Attorney Ad Litem (for court-involved cases) and other available stakeholders. The accepted model for involving all of these parties is to hold a staffing during which stakeholders discuss and/or develop the initial case plan. For all these parties to be involved in the actual development of the plan, the plan must be created either during or after the staffing. Table 11 compares the timing of the staffing with the timing of the case plan.

**TABLE 11:
POINT AT WHICH THE INITIAL CASE PLAN WAS DEVELOPED**

	FC Cases		PS Cases	
	N	%	N	%
At the Staffing	167	26.4	88	22.5
After the Staffing	161	25.4	101	25.8
Before the Staffing	201	31.8	140	35.8
No Staffing was Held	104	16.4	62	15.9
Plan was Not Developed	6	N/A	78	N/A
Total	633	100.0	391	100.0

Overall, about half of the plans get developed during or after the staffing; the other half are developed either before the staffing or without a staffing ever occurring. There are no radical differences between FC and PS cases, although one should recall that one in six PS cases had no case plan, at all. At the same time, it seems a bit surprising that, for cases with assessments and plans, the greater family involvement in the assessment among PS cases does not get carried over to the initial plan, at least if that involvement occurred at the staffing.

Perhaps even more curious are the Area statistics. Whereas Area 7 had the lowest score for involving families of children in care in the initial assessment, it is the Area most likely to develop the case plan at or after the staffing. For both FC and PS cases Area 7 develops over two-thirds of its plans at or after these meetings. Area 2, on the other hand, shows the lowest rates of client involvement in the initial assessment, 23 percent for foster care cases and 34 percent for protective services cases.

Table 12 shows more directly the extent to which families were involved in the development of the case plan, when there was such a plan. It is understandable that children are less involved than parents, since many are not of sufficient age to participate meaningfully, but again the stronger involvement of parents in protective services cases in the FSNRA fails to show up in their involvement in the case plan. This is a problem, because the primary reason for involving families in the development

of the plan is to be sure they are committed to carrying out their roles within that plan. Involving them in the assessment but not in the planning gets only half the job done.

**TABLE 12:
INVOLVEMENT IN THE DEVELOPMENT OF INITIAL CASE PLAN**

Participant	FC Cases		PS Cases	
	N	%	N	%
Mother and/or Father ⁵	288	45.5	163	44.0
Children	113	17.9	69	17.6
Total Cases	633		391	

QUALITY

FSNRA

A high quality assessment can lay the framework for establishment of plan objectives which are clear, specific and achievable, and such objectives are an essential component of casework that consistently achieves successful outcomes. To lay the groundwork for determining the plan objectives, a good FSNRA must identify all of the relevant factors that affect the family, including both the risk factors and the protective factors.

Tables 13 and 14 show that the assessments identified risks and strengths of the family at approximately equal levels, although there were slightly more cases in both program groups where no strengths were identified. This is especially troublesome for PS cases because the caseworker must believe the family has some capacity to protect and care for its children if the worker has decided not to remove the child from the home.

**TABLE 13:
CASEWORKERS' ABILITY TO IDENTIFY SIGNIFICANT RISK
FACTORS/NEEDS IN THE INITIAL FSNRA RELEVANT FOR THE FAMILY**

	FC Cases		PS Cases	
	N	%	N	%
All	351	55.4	230	58.7
Some	237	37.4	136	34.7
None	46	7.3	26	6.6
Total	634	100.0	392	100.0

Identifying all of the relevant risk factors and strengths in fewer than 60 percent of the cases is clearly a problem. It is important to understand that this is not a matter of the caseworkers not knowing about these factors but rather a matter of not including them in their assessments of the family. The reviewers for this project only knew that a risk or

⁵ Mothers were involved in 271 FC cases and 163 PS cases; fathers were involved in 122 FC cases and 63 PS cases.

strength existed and was not included in the FSNRA if there was an indication of the risk or strength somewhere in the case record. The information was collected and even recorded, but it was not used in assessing the family's situation to build the plan, at least not through the tool that is provided explicitly for that purpose.

**TABLE 14:
CASEWORKERS' ABILITY TO IDENTIFY STRENGTHS/SUPPORTS IN
THE INITIAL FSNRA THAT CAN HELP RESOLVE THE FAMILY'S ISSUES**

	FC Cases		PS Cases	
	N	%	N	%
All	325	51.3	234	59.7
Some	224	35.3	118	30.1
None	85	13.4	40	10.2
Total	634	100.0	392	100.0

It is almost certainly not an accident that the Areas with the highest rates of client participation in the initial assessment were also the ones with the most frequent identification of the family's risks. That was Area 9 for foster care cases (72 percent) and Area 5 for protective services cases (79 percent). Area 2 was least likely to identify all the risk for both groups, 41 percent for FC and 50 percent for PS cases.

The frequent failure to use information already collected to develop the assessment is confirmed when the FSNRAs are compared to the investigation records. Because caseworkers complete the FSNRA after the conclusion of the investigation that led to the case opening, information from the investigation record regarding risk and safety factors should be incorporated into the FSNRA. Table 15 shows that caseworkers frequently failed to include all of the information from these earlier assessments, just as they frequently fail to include information they themselves have gathered about the family's risks and strengths. Area 2 again had the lowest scores for both groups, using the information in only 36 percent of the FC cases and 47 percent of the PS cases.

**TABLE 15:
QUANTITY OF INFORMATION FROM THE INVESTIGATION, RISK AND
SAFETY ASSESSMENT INCORPORATED INTO THE FSNRA**

	FC Cases		PS Cases	
	N	%	N	%
All	331	52.2	236	60.2
Some	189	29.8	105	26.8
None	44	6.9	24	6.1
N/A*	70	11.0	27	6.9
Total	634	100.0	392	100.0

* N/A indicates cases that did not have an intake assessment.

Identification of all the needs and strengths of the case is related to a statistically significant degree with progress on the case. That is even truer for strengths than it is for needs, i.e., the family is more likely to make progress if the worker has identified the

strengths than if he or she has identified the needs. It gives the case plan something on which to build.⁶

The FSNRA is a semi-structured tool designed to assist the worker to process information in a systematic way. It is frequently not being used in that way. The content and quality of the information included in many of the FSNRAs was minimal. In many of these documents, entire sections were left blank; indeed, sometimes the entire FSNRA form was blank. Even when an item was selected as noteworthy, there was sometimes no narrative information recorded and no indication as to whether the element was selected as a risk or as a strength.

It was not always clear why caseworkers identified certain risk factors or strengths within the FSNRA, since there was often no accompanying narrative to support the selection. In some instances the narrative actually contradicted the selected element. In some cases, simply being a single parent was identified as a risk factor, with no details or examples of the parent's lack of parenting skills, although the case plans were not built around ending the single parent status.

Even on cases in which the caseworker did a satisfactory job of documenting information on the caregiver's assessment, he or she tended to neglect the child's assessment. In one case that had opened due to a substantiated report of sibling sexual abuse, the caseworker only documented "Susie perped Annie" under the child victim assessment but did not refer to this incident even once in the assessment of the child offender. Nor did the FSNRA refer to the history of previous sexual victimization of this child by her father.

Case Plans

Child welfare case plans are designed to reduce the risks to the children in the family. To accomplish that goal, the plan must address all of the risk factors identified in the assessment through appropriate services or other interventions; it must assign tasks and roles to the relevant parties so that those interventions actually occur; and those tasks and roles must be understood by all the parties. If any of these three elements is lacking, the plan is unlikely to succeed.

Table 16 shows the extent to which the initial case plan called for services to address the risk factors and needs identified in the FSNRA. While it is obviously problematic that not all of the risk factors identified in the initial assessment were addressed for more than one in four of the cases in each program group, the results here are better than on any issue examined up to this point. This underscores the importance of the FSNRA in the process of developing the case plan. While many workers do not utilize that form in the way it was meant to be used, they are more likely to use its results, however deficient those may be, when they develop the case plan.

⁶ The correlation statistics for the identification of risks and needs are Gamma=.179, $p<.01$ for foster care and Gamma = .182, $p<.05$ for protective services. The corresponding statistics for the identification of strengths are Gamma = .274, $p<.001$ for foster care and Gamma = .232, $p<.001$.

**TABLE 16:
DID THE SERVICES IDENTIFIED IN THE INITIAL CASE PLAN ADDRESS THE
RISK FACTORS/NEEDS IDENTIFIED IN THE FSNRA FOR ALL CLIENTS?**

	FC Cases		PS Cases	
	N	%	N	%
All	466	73.6	276	70.6
Some	148	23.4	94	24.0
None	19	3.0	21	5.4
Total	633	100.0	391	100.0

Another way to look at these results is to combine them with those outlined in the above discussion of the FSNRA. If only about 60 percent of the FSNRAs identify all the risk factors and only about 70 percent of the plans address all of the identified risk factors, one would expect 40 percent of the case plans to address all the risks facing the client families. For probably three out of five, the case plan is not equipped to deal fully with the issues which brought the family to the agency's attention.

The situation is obviously better in some places than in others. Area 9 case plans were deemed to address all the risks identified in the assessment in 88 percent of the foster care cases and 92 percent of the protective services cases. In other words, one of the Areas most likely to identify all the risk is also most likely to address all of the risks it identifies.

**TABLE 17:
SERVICES IN INITIAL CASE PLAN
FOR MOTHER, FATHER AND TARGET CHILD**

Services	FC Cases Services in Initial Case Plan	Services Not Delivered	Delivery Rate (%)
Counseling Services	662	209	68.4
Parenting Skills/Classes	535	232	56.6
Housing	418	187	55.3
Visitation	345	92	73.3
Medical Services	312	44	85.9
Employment Services	265	161	39.2
Drug Screening	244	83	66.0
Child Welfare Services	216	51	76.4
Supervised Visitation	215	42	80.5
Foster Family Home	190	3	98.4
Psychological Evaluations	169	79	53.3
Drug Assessments	136	56	58.8
Substance Abuse Treatment	132	70	47.0
Non-Residential Education Services	127	17	86.6
Transportation	127	30	76.4
Total of All Services	5,779	1,869	67.7

The case plans for foster care cases typically involve more services, specifically intervention or treatment services, than PS cases. Table 17 presents the most common 15 services assigned in initial case plans for FC cases, as well as their corresponding delivery rates.

In FC cases, the most prevalent services identified in the initial case plan were counseling, parenting classes, housing, visitation and medical services. Although DCFS relied heavily on counseling and parenting classes as intervention services for its clients, these services were delivered only at a rate of 57 percent for parenting and 68 percent for counseling. Among other noteworthy services, drug screenings were delivered at a 66 percent rate; psychological evaluations at 53 percent; drug assessments at 59 percent; and substance abuse treatment at 47 percent. Overall, the collective delivery rate for services identified in FC cases' initial case plan was 68 percent.

Among clients who did not receive services, caseworkers cited client refusal or non-compliance as the most common barrier to service delivery. Client refusal or non-compliance was the barrier in 70 percent of all undelivered services in the initial case plan. Thirty-one percent of families with children in care refused at least one service.

Reviewers noted that case plans tended to include several vaguely interpreted services, such as housing, employment services and child welfare services. When these services were identified in case plans, in the majority of instances DCFS did not actively provide these services as described. Rather, the agency required the purported recipient of the service to maintain employment for employment services or maintain housing when housing was identified as a service. While caseworkers occasionally provided more hands-on assistance such as helping clients apply for HUD housing or assisting them with a job application, this was not the norm. Similarly, child welfare services appeared to be a "catch all" service for providing general casework such as regular contact and visits with the family. The relative lack of follow-up by caseworkers is underscored by the reported 76 percent completion rate for the caseworkers' own tasks.

The frequency and intensity of recommended services identified in the case plans completed for PS cases are not as great as for FC cases, presumably because families have fewer risk factors. Table 18 exhibits the most common 15 services assigned in initial case plans for PS cases, as well as their corresponding delivery rates.

The most prevalent services identified in initial case plans were parenting classes, housing, counseling, medical services, drug screenings and non-residential educational services. Non-residential educational services typically referred to the caseworker making periodic contacts with school officials to discuss children's attendance in educational neglect cases.

**TABLE 18:
PS CASES: SERVICES IN INITIAL CASE PLAN FOR
MOTHER, FATHER AND CHILD**

	Services in Initial Case Plan	PS Cases Services Not Delivered	Delivery Rate (%)
Parenting Skills/Classes	253	103	59.3
Housing	239	58	75.7
Counseling Services	186	59	68.3
Medical Services	123	24	80.5
Drug Screening	112	27	75.9
Non-Residential Education Services	85	26	75.3
Visitation	74	7	90.5
Crisis Intervention	64	25	60.9
Homemaker Services	61	22	63.9
Employment Services	55	21	61.8
Behavior Management	51	17	66.7
Drug Assessments	49	20	59.2
Advocacy	41	10	75.6
Supervised Visitation	36	3	91.7
Substance Abuse Treatment	29	7	75.9
Total of All Services	1,797	514	71.4

Of these commonly cited services, parenting classes were delivered at the lowest rate (59 percent). Although drug screenings and substance abuse treatment were both delivered at a rate of 76 percent, drug assessments were delivered only at a 59 percent rate. The collective delivery rate for services outlined in the initial case plan in PS cases was 71 percent.

As with FC cases, case records indicated that the greatest barrier to delivering services in PS cases was client refusal or non-compliance. Fifty-three percent of all undelivered services was attributed to client refusal or non-compliance, although only 17 percent of the protective services families refused even one service. The caseworker did not provide the referral in 14 percent of the services outlined in the initial case plan. Due to limited documentation, reviewers could not determine what the barriers to delivery were in 20 percent of services in the initial case plan.

In examining the details of individual case plans, reviewers often found them to be mechanical and formulaic. Plans frequently identified parenting classes and random drug screenings. Even when the case records indicated that parents were not involved with substance abuse allegations or issues, the case plans frequently called for random drug testing. On the other side, in numerous cases in which severe substance abuse was identified as a serious risk factor to the family, the only relevant service included in the case plan was drug screenings.

In addition, a significant number of case plans included services that did not address the corresponding need, especially during the beginning stages of the case. For instance, a need for parenting education might be addressed by a housing service in the case plan

(probably understood as the requirement to maintain a clean stable home), or mental health needs may be addressed by drug screenings. In one instance, a case opened after a substantiated report of emotional abuse, but DCFS provided only transportation services to the family when the case first opened. Only later did the agency finally address the issues that led to the case's opening and acknowledge the need for intervention services.

Finally, reviewers noted that there was no clear, uniform standard on how caseworkers attached services to individuals. Many case plans connected services such as parenting education, substance abuse treatment, employment and housing to children, when these services were in fact being delivered to the children's parents. When the same service was repeated for several or even all members of the family, even though being provided to only one, the document became confusing, unclear and difficult to follow.

While the case plans are often deficient in addressing all of the risk factors, they do a somewhat better job in identifying the roles and responsibilities of the various parties. Table 19 shows that in more than 80 percent of the cases the plan clearly indicated who was responsible for which task.

**TABLE 19:
DID THE CASE PLAN INCLUDE THE ROLES AND RESPONSIBILITIES OF
THOSE INVOLVED IN THE PLAN?**

	FC Cases		PS Cases	
	N	%	N	%
All	511	80.7	334	85.4
Some	105	16.6	43	11.0
None	17	2.7	14	3.6
Total	633	100.0	391	100.0

It is perhaps not surprising that the case records are less clear that these roles and responsibilities are explained to the clients. Much of that explanation would be oral and it is easy to imagine that this particular point might not be well documented.

Nevertheless, the 40 to 50 percent of cases in which an explanation is documented should be seen as problematic when one combines it with the infrequent involvement of the clients in case plan development. That raises the suspicion that the figures in Table 20 represent more than a lack of documentation. They are just as likely to represent a failure to involve the family in the planning which is supposed to make it possible for them to protect and care for their children without further intervention from the state.

TABLE 20:
DID THE CASE RECORD CONTAIN DOCUMENTATION THAT THE CLIENTS
WERE PROVIDED WITH AN EXPLANATION OF SERVICES IN TERMS OF THE
REASON FOR AND GOAL OF EACH SERVICE?

	FC Cases		PS Cases	
	N	%	N	%
All	277	43.8	197	50.4
Some	161	25.4	96	24.6
None	195	30.8	98	25.1
Total	633	100.0	391	100.0

Subsequent Assessments and Case Plans

Up to this point, discussion has focused only on the initial assessment and case plan. As clients make progress or fail to do so, and as other events and circumstances change, those assessments and case plans need to be revised. As with the initial FSNRAs and case plans, the discussion here will focus on timeliness, family engagement and involvement, and quality.

SUMMARY OF FINDINGS

One of the truisms of child welfare practice is that assessment and planning must occur throughout the life of the case. Reassessments are needed as work between the agency and the family proceeds and as changes in family composition and external events affecting the family occur. Ideally, reassessments and reviews of the case plan occur every three months for foster care cases and every six months for protective services cases. More importantly, the content of those reassessments and revised plans must reflect the current circumstances impacting the safety, permanency and well-being of the family's children.

DCFS policy allows workers and supervisors jointly to exempt themselves from the requirement for reassessments of foster care cases every three months, and the result is that new assessments are often not completed even when other parts of the case record indicate major changes in the family's life. Even when new assessments are done, client participation in the development of the assessments is dramatically lower than the already inadequate level of participation in initial assessments. Most importantly of all, too often the assessment is either an exact copy or a slightly revised version of the previous assessment, regardless of what has changed.

With case plans the situation is somewhat better. In 84 percent of the foster care cases and 63 percent of the protective services cases, the case record includes a current case plan, i.e., one developed within the past six months. Moreover, client participation did not decline nearly as much for foster care cases and actually rose for protective services cases.

TIMELINESS

FSNRA

Almost 66 percent of FC cases had a subsequent FSNRA completed, compared to only 34 percent of PS cases as shown in Table 21.

One important issue noted during the reviews was the frequent absence of updated FSNRAs. FSNRAs were often delayed for several months or even several years following a change of circumstances in the case—whether it be a new substantiated

maltreatment report, a child's return home or a new individual moving into the household.

**TABLE 21:
CASES WITH A SUBSEQUENT FSNRA**

	FC Cases		PS Cases	
	N	%	N	%
Yes	421	65.9	157	33.5
No	218	34.1	312	66.5
Total	639	100.0	469	100.0

The lack of subsequent FSNRAs may be attributed in part to unclear directions from DCFS policy regarding when the assessment requires updating. DCFS policy II-B specifies the following requirement regarding the completion of the initial FSNRA and subsequent assessments:

The FSNRA will be completed throughout the life of an open case. For [PS] cases the FSNRA will be completed within thirty (30) days of case opening, within ninety (90) days of case opening, and every six (6) months thereafter to correspond with required case staffings... The second FSNRA for [FC] cases will be completed ninety (90) days after the child enters care, and every three (3) months thereafter if appropriate. The FSW and his/her supervisor will determine if there is a need to update the FSNRA every three months on a case-by-case basis... In all cases the FSW will determine if there are major changes in the case and if there is a need to conduct a reassessment of risk.... The FSNRA must be completed before a case can be closed.

The issue with this policy language is that it allows caseworkers and supervisors to determine when they need to update the FSNRA on FC cases. This interpretation can be used as a legitimate reason for not completing FSNRAs. When reviewers asked caseworkers why subsequent FSNRAs were not updated regularly, caseworkers or supervisors frequently responded with "there were no substantial changes that occurred in the case" or some variation, even though a review of the case record often revealed that case circumstances had changed. Other caseworkers acknowledged the need to update the FSNRA regularly, but informed the reviewers that they did not have enough time to complete them because their priority was maintaining children's safety.

Case Plans

Much like FSNRAs, there is also a need for updating case plans more frequently. Approximately 75 percent of FC cases and 38 percent of PS cases had a subsequent plan completed as shown in Table 22. Because PS cases were generally open shorter periods of time, one would expect the figures to be lower for that group. Not all cases had a subsequent plan due.

**TABLE 22:
CASES WITH A SUBSEQUENT CASE PLAN**

	FC Cases		PS Cases	
	N	%	N	%
Yes	478	74.8	176	37.5
No	161	25.2	293	62.5
Total	639	100.0	469	100.0

A significant number of case plans should have been updated to document the child's current permanency goal. In several FC cases, for instance, a termination of parental rights had been granted, yet the child's goal remained reunification. Case plans also rarely included documentation noting case participants' progress on assigned tasks and services, the most fundamental reason to re-assess and re-plan.

One COR element measures whether cases had current case plans,⁷ and Table 23 shows the results for the cases in this study. While 84 percent of FC cases had a current case plan, only 62 percent of PC did, a statistically significant difference. Again, cases in which the child remained in the home received less attention than did cases in which the child was placed into foster care.

**TABLE 23:
CASE HAS CURRENT CASE PLAN (COR)**

	FC Cases	PS Cases
Applicable N	639	469
N in Compliance	534	296
% in Compliance	83.6	63.1

ENGAGING FAMILIES AND KEY STAKEHOLDERS

FSNRA

The previous section of this report showed that in only about half of the cases did all of the relevant clients participate in the initial assessment. As Table 24 shows, that involvement decreases over time for both FC cases and for PS cases.⁸ Especially in foster care cases, early failures to engage family members and strengthen the bonds between parents and children can lead to the parent eventually losing interest and/or hope. What happens at the end of a case is dependent on what happens at the beginning.

⁷ This item measured whether or not a case had a case plan completed within the six-month period from July 1, 2008 to January 1, 2009, the date on which the study sample was selected.

⁸ There are more subsequent FSNRAs for foster care cases than there are foster care clients because some clients had more than one subsequent FSNRA, as is appropriate if the child remains in care long enough.

Perhaps the most troubling aspect of client involvement in subsequent assessments is that for some Areas the rates are extraordinarily low. For example, in Area 9, where the best scores were often found for initial assessments and plans for foster children, only five percent of foster care cases show all clients involved in later assessments. In contrast, Area 5, with the highest level of involvement of families at the later stages, involves 61 percent of the families.

**TABLE 24:
CLIENTS' LEVEL OF INPUT USED IN SUBSEQUENT FSNRAS***

Level of Utilization	FC Cases		PS Cases	
	N	%	N	%
All	249	36.0	61	38.9
Some	163	23.6	50	31.8
None	280	40.4	46	29.3
Total Subsequent FSNRAS	692	100.0	157	100.0

Case Plans

As with the initial case plans, when a subsequent case plan is to be developed DCFS arranges case staffings as a means to bring the family members and other participants together to work on making decisions and developing or revising case plans. However, several significant issues were noted during the review regarding the staffing. First, staffings are often simply not conducted according to the policy requirements. A large number of contacts in the case record were identified as staffings when in fact they were court hearings, telephone contacts, and invitations to staffings. For instance, one caseworker reported that she was instructed by her supervisor to dual-label her foster care cases' court hearings as staffings because her supervisor informed her that "it is a good way to make sure you have staffing every six months."

Second, only a limited number of case participants, especially age-appropriate children, generally participated in staffings. Third and perhaps relatedly, the case record often contained extremely poor documentation regarding staffings, including the stakeholders present and the issues discussed during the meeting. Many of the records included only minimal information on who was present or participated, which topics were discussed, and which decisions were made. Frequently the staffing notes did not include information concerning the progress on the case and when a lack of progress was recorded, the case record tended not to document what the barriers to progress were or what the agency needed to do to achieve permanency for the child. Typical documentation of a staffing read: "family met and discussed the case plan, signed by the family."

The low level of client participation in staffing is also reflected in a low level of participation in the development of the case plans, especially for foster care cases. In just under 40 percent of the FC cases was there evidence of the participation of at least one parent in the development of a subsequent case plan. That figure jumped to 63 percent among protective services cases, but again, this has to be put in the context of

the lesser likelihood that the protective services cases have a subsequent case plan, or even a current case plan, at all. In addition, there should be cause for concern when the family is asked to participate in the development of the case plan but not in the assessment which leads to that plan.

QUALITY OF SUBSEQUENT ASSESSMENTS AND CASE PLANS

FSNRA

In most instances, subsequent FSNRAs were very similar if not identical to the initial assessment. While some of the information would be expected to remain the same, quite often basic information about services and clients' progress which was readily available in the case record, such as clients' diagnoses, names and types of service providers and the frequency of treatment, was not documented in the assessment.

Table 25 exhibits the level of consistency between the most recent FNSRA and the actual circumstances of the case at the time the subsequent FNSRA was completed. Information from the most recent FSNRA was fully consistent with case circumstances in 63 percent of FC cases and 61 percent of PS cases. For the remainder of the cases, the workers were not updating the FSNRAs with current information.

**TABLE 25:
LEVEL OF CONSISTENCY OF INFORMATION FROM THE MOST RECENT
FSNRA IN REGARD TO CASE CIRCUMSTANCES**

Level of Consistency	FC Cases		PS Cases	
	N	%	N	%
Fully	122	62.6	95	60.5
Somewhat	29	14.9	45	28.7
Not Consistent	44	22.6	17	10.8
Total	195	100.0	157	100.0

This measure also had a very wide range among the Service Areas for foster care cases, with protective services cases having too few subsequent plans in each Area to make reliable comparisons. Area 8 showed the best record for foster care, with FSNRA information consistent with current circumstances in 75 percent of the cases. This contrasted with 45 percent in Area 3.

The statistical analyses show that the content of the subsequent assessment is more than meaningless paperwork. Both kinds of cases are much more likely to be making progress when the most recent FSNRA is reflective of the actual situation⁹ and accurately identifies the family's needs and strengths.¹⁰ That consistency is even more likely to lead to good outcomes in protective services cases than in foster care cases.

⁹ Gamma = .312, $p < .001$ for foster care and Gamma = .416, $p = .001$ for protective services.

¹⁰ Gamma = .301, $p < .001$ for FC needs identification and Gamma = .434, $p < .001$ for PS needs identification; Gamma = .303, $p < .001$ for FC strengths and Gamma = .410, $p = .001$ for PS strengths.

Case Plans

The services identified in subsequent case plans were very similar to those in the initial case plan with a few exceptions. Adoption services and independent living skills were cited much more frequently in subsequent case plans, a reasonable expectation given the changing circumstances over time.

Table 26 presents the most common 15 services assigned in subsequent case plans for FC cases, as well as their corresponding delivery rates.

**TABLE 26:
SERVICES IN SUBSEQUENT CASE PLANS
FOR MOTHER, FATHER AND TARGET CHILD**

Services	FC Cases		
	Services in Case Plan	Services Not Delivered	Delivery Rate (%)
Counseling Services	558	174	68.8
Parenting Skills/Classes	386	175	54.7
Housing	380	165	56.6
Visitation	372	80	78.5
Medical Services	363	69	81.0
Foster Family Home	264	32	87.9
Supervised Visitation	228	63	72.4
Drug Screening	222	82	63.1
Non-Residential Education Services	222	35	84.2
Adoption Services	199	68	65.8
Employment Services	196	126	35.7
Independent Living Skills	152	27	82.2
Behavior Management	146	39	73.3
Transportation	139	33	76.3
Psychological Evaluations	124	55	55.6
Total of All Services	5,777	1,792	69.0

Among clients who did not receive services, client refusal or non-compliance represented the barrier most commonly cited in the case record. That represented the reason for 72 percent of all undeliverable services in the subsequent case plan. At this stage of the case, however, there was a statistically significant relationship between the family's participation in the development of the most recent case plan and the likelihood that the client would refuse any service. When one or both parents is involved in developing the plan, compliance with the service plan is greater.¹¹

Table 27 presents the most common 15 services assigned in subsequent case plans for PS cases, as well as their corresponding delivery rates.

¹¹ Chi-square = 14.349, df=1, p<.001.

**TABLE 27:
SERVICES IN SUBSEQUENT CASE PLANS
FOR MOTHER, FATHER AND TARGET CHILD**

	Services in Case Plan	PS Cases Services Not Delivered	Delivery Rate (%)
Counseling Services	69	16	76.8
Housing	63	15	76.2
Medical Services	50	8	84.0
Parenting Skills/Classes	49	14	71.4
Non-Residential Education Services	35	10	71.4
Visitation	31	4	87.1
Drug Screening	22	8	63.6
Supervised Visitation	20	4	80.0
Behavior Management	19	6	68.4
Crisis Intervention	19	4	78.9
Advocacy	13	4	69.2
Legal Services	13	7	46.2
Foster Family Home	12	2	83.3
Educational Advocacy	10	0	100.0
Homemaker Services	10	6	40.0
Total of All Services	547	133	75.7

For the PS cases that had a subsequent case plan, many of the same services that were outlined in the initial case plan were identified in this document as well, though clearly with less frequency. However, when compared to the initial case plan for PS cases, the collective delivery rate improved to 76 percent.

Issues Related to Permanency

The permanency goal represents the desired outcome of DCFS' intervention for children in foster care. Available permanency goals include reunification, discharge to relative, adoption, alternative planned permanent living arrangement (APPLA) and guardianship. When children enter foster care, DCFS almost always recommends reunification as their initial permanency goal, but if efforts to return children to their family fail then the agency must consider alternative goals.

The analysis of the casework has to consider each goal separately, because what happens is different for each kind of case. After a general overview of permanency goals, this section examines the separate issues related to the most common permanency goals: reunification, adoption and alternative planned permanent living arrangement.

SUMMARY OF FINDINGS

Although research has repeatedly shown that the single most important factor in achieving a successful reunification of a child placed in foster care is visitation between the parent and the child, the case records reviewed for this study had visitation plans in just half of the cases where the child's goal was reunification. In fact, visitation occurred and was documented in the case record more than it was planned. Nevertheless, there were strong indications in the records that the importance of visitation is not adequately understood, at best; at worst visitation was treated as a privilege to be withheld as punishment for both parents and children rather than as an essential component of strengthening the bond between parent and child.

Assessment of the agency's efforts in pursuing adoption is hindered by the fact that many courts will not permit an adoption goal to be set until parental rights are already terminated. This makes identifying the "real" population for which the agency is pursuing adoption virtually impossible.

What did become clear, however, is that substantial numbers of children are given the goal of alternative planned permanent living arrangement, i.e., a kind of "permanency" in which the agency stops seeking a permanent, legal home for the child, without the issue of adoption ever having been considered. Nearly two-thirds of the cases with an APPLA goal were in this situation.

OVERVIEW

The most common goal for children in foster care at the time of this review was reunification (45 percent), followed by APPLA and adoption, each of which accounted for about one-fourth of the goals. Only four percent of the cases showed a goal of discharge to relative or guardianship.

**TABLE 28:
CHILD'S MOST RECENT PERMANENCY GOAL**

Goal	N	%
Reunification	289	45.2
Relative/Guardianship	25	3.9
Adoption	157	24.6
APPLA	168	26.3
Total	639	100.0

Table 31 shows that overall case progress does not differ very much for different goals. The most notable points are that significant progress is most likely for adoption and APPLA cases, i.e., when the child's parents are no longer a factor, and that APPLA cases are also the ones which are most likely to show no progress at all.¹² Even these differences are, however, not large and they are not statistically significant.

**TABLE 29:
OVERALL CASE PROGRESS IN RELATION TO PERMANENCY GOALS**

Permanency Goal	Overall Case Progress							
	Significant		Limited		None		Total	
	N	%	N	%	N	%	N	%
Reunification	135	48.9	118	42.8	36	8.3	289	100.0
Relative/Guardianship	9	40.9	11	50.0	5	9.1	25	100.0
Adoption	84	55.6	56	37.1	17	7.3	157	100.0
APPLA	86	53.8	52	32.5	30	13.8	168	100.0
Total	314	51.6	237	38.9	88	9.5	639	100.0

Chi-square = 9.27, df = 6, p = 0.159

When the focus turns to the quality of the casework, adoption and APPLA cases again show the greatest likelihood of being handled appropriately. In this instance, however, cases with reunification as the goal are the ones where the poorest casework is occurring. Again, however, the differences are neither large nor statistically significant.

Perhaps one of the reasons that progress on cases did not occur as frequently as it should is that caseworkers frequently developed case plans that identified permanency goals that were not appropriate to the circumstances of the case. For example, several case plans identified a goal of reunification even though the agency and family were no longer working towards returning the child to his or her home. In fact, numerous cases identified a goal of reunification even when the agency was actively pursuing TPR—or had already been granted TPR—and seeking an adoptive placement.

¹² The meaning of progress on a case with an APPLA goal may be different in different cases. If the child does not have a family committed to caring for him or her at least through the rest of the time in care, finding such a family would represent the goal. If the child is already living with such a family, the goal might be to prepare the child for independence, including ensuring that he or she has adults to whom to turn after leaving care.

**TABLE 30:
OVERALL QUALITY OF CASEWORK IN RELATION TO PERMANENCY GOALS**

Permanency Goal	Overall Quality of Casework							
	Case handled appropriately		Past problems or issues		Current problems or issues		Total	
	N	%	N	%	N	%	N	%
Reunification	183	63.3	33	11.4	73	25.3	289	100.0
Relative/Guardianship	16	64.0	5	20.0	4	16.0	25	100.0
Adoption	108	68.8	21	13.4	28	17.8	157	100.0
APPLA	119	70.8	17	10.1	32	19.0	168	100.0
Total	426	66.7	76	11.9	137	21.4	639	100.0

Chi-square = 6.94, df = 6, p = 0.327

In at least one instance, a case plan identified adoption as the child's goal, despite the fact that it was clear from the case record that the child did not want to pursue adoption and adoption services were not being provided by the agency. Perhaps the most extreme examples of inaccurate permanency goals were children who had a documented goal of "Maintain Children in Own Home"—the uniform permanency goal for children in PS cases—even though the children were removed from the home. This was mostly likely simply a case of not updating the case plan when circumstances had changed radically.

One of the reasons given by caseworkers for anomalous permanency goals was that the agency is not permitted to change a permanency goal without permission from the court. While this may explain many of the anomalies, it applies only after the child is in care, and it is doubtful that the court required a goal of "Maintain Children in Own Home" after the children were removed. In the case records themselves reviewers noted that turnover at the Office of Chief Counsel (OCC) had resulted in limited legal support, which in turn occasionally slowed the process of changing children's permanency goals. To the extent that these reasons accurately reflect the constraints placed on DCFS caseworkers, some of the solution may lie outside the agency.

REUNIFICATION

Research has for decades shown that the most powerful predictor of the likelihood of a successful reunification of a child with his or her parents is the frequency of visitation between the child and the parents. For that reason a visitation plan is an essential component of the planning that must occur for children with a goal of reunification.

Among the foster care cases reviewed for this analysis, however, the caseworkers developed a visitation plan in only 52 percent of the cases. Even when such a plan was

created, more than half failed to indicate whether the visits would be supervised and nearly three-quarters failed to indicate where the visitation would occur. Visitation planning is not being done in any substantive sense in a majority of the cases where reunification is the goal. That may represent much of the explanation both for the frequency with which reunification fails to occur and for the fact that reunification cases show serious issues with casework quality more frequently than do cases with other goals.

**TABLE 31:
WAS A VISITATION PLAN DEVELOPED?**

	N	%
Yes	149	51.6
No	140	48.4
Total	289	100.0

**Table 32:
DID THE VISITATION PLAN INDICATE WHETHER
VISITS WERE TO BE SUPERVISED?***

	N	%
Yes	86	57.7
No	63	42.3
Total	149	100.0

**Table 33:
DID THE VISITATION PLAN INDICATE WHERE
THE VISITS WERE TO TAKE PLACE?***

	N	%
Yes	44	29.5
No	105	70.5
Total	149	100.0

**TABLE 34:
IN THE MOST RECENT THREE MONTHS OR
THE LAST THREE MONTHS THE CASE WAS OPEN,
HOW OFTEN DID VISITS OCCUR?**

	N	%
Weekly	125	43.3
Bi-weekly	27	9.3
Monthly	27	9.3
Less than Monthly	28	9.7
Did Not Occur	82	28.4
Total	289	100.0

Visitation actually occurs more often than it is planned. Just over half of the reunification cases showed parent-child visits occurring at least every two weeks,

normally considered the minimum desirable frequency. More than one-quarter of the cases had had no parent-child visits in the past three months.

Table 35 compares the frequency of visitation to the overall progress on the case. The statistical test indicates that there is a clear correlation between the frequency of visitation and progress on the case. Over half the cases in which visits occur at least bi-weekly show progress, and that percentage drops significantly thereafter. The only anomaly lies with the cases making significant progress with no visitation and this is sufficiently surprising that one has to wonder whether visits occurred but were not documented.

**TABLE 35:
OVERALL CASE PROGRESS IN RELATION TO
THE FREQUENCY OF VISITS OF PARENTS WITH CHILDREN IN CARE**

Frequency of Visits	Overall Case Progress							
	Significant		Limited		None		Total	
	N	%	N	%	N	%	N	%
Weekly	68	54.4	48	38.4	9	7.2	125	100.0
Bi-weekly	14	51.9	12	44.4	1	3.7	27	100.0
Monthly	9	33.3	16	59.3	2	7.4	27	100.0
Less than Monthly	6	21.4	18	64.3	4	14.3	28	100.0
Did not Occur	38	46.3	24	29.3	20	24.4	82	100.0
Total	135	46.7	118	40.8	36	12.5	289	100.0

Chi-square = 30.00, df = 8, p < 0.001

Neither DCFS nor the courts seem to understand the importance of visitation. Too frequently, visitation is viewed as a privilege which may be withheld to compel improved behavior on the part of either the parent or the child. In some cases, visitation between the child and the family was contingent on the parents passing a drug screening. In at least one case, the child's visitation with his parents was withheld due to the child's poor behavior. In a third case, a child's biological mother asked the caseworker if she could visit with her child on Thanksgiving, but the caseworker documented in the case record "that considering [the mother] didn't even have a home...worker was not even going to bother asking the Attorney Ad Litem because the Ad Litem would not approve it." The impact in all of these cases is to weaken the relationship between parent and child, making reunification less likely even if the initial issues bringing the family to the attention of the agency are resolved.

ADOPTION

When reunification efforts between a child in care and his or her family fail, DCFS and the court seek another way to give the child a permanent family. In most cases this should involve beginning the adoption process by seeking a termination of parental rights (TPR). Ideally, the permanency goal would also be changed at this time, but

many courts do not permit the goal to change until after the TPR has been granted. This is the most likely reason that Table 36 shows that among children with a goal of adoption parental rights had been terminated for 90 percent of the mothers and over 80 percent of the fathers. The latter figure would always be expected to be slightly lower, because many fathers are not involved in the case and their whereabouts are unknown, making the termination process more difficult.

**TABLE 36:
HAD THE PARENTS' RIGHTS BEEN TERMINATED?**

	Mother		Father	
	N	%	N	%
Yes	142	90.4	122	80.8
No	15	9.6	29	19.2
Total	157	100.0	151	100.0

More interesting than the fact that so many of the cases with a goal of adoption already had TPRs is the fact that in none of the remaining cases had termination even been initiated. This included cases in which one parent's rights had been terminated, i.e., the mother's rights may have been terminated but no petition had been filed to begin termination proceedings on the father. This will clearly delay permanency for the affected children.

Beyond freeing the child for adoption, the agency must also find an adoptive placement. For just under half of the children with a goal of adoption, DCFS had identified an adoptive placement and the child was living with the adoptive family in 86 percent of those cases. At the other end of the spectrum, among cases in which an adoptive placement had not been identified, DCFS was not even actively seeking an adoptive placement in one out of every five cases.

**TABLE 37:
HAD AN ADOPTIVE PLACEMENT BEEN
IDENTIFIED FOR THE CHILD?**

	N	%
Yes	76	48.4
No	81	51.6
Total	157	100.0

**Table 38:
WAS THE CHILD LIVING WITH THE ADOPTIVE FAMILY?***

	N	%
Yes	65	85.5
No	9	11.8
N/A	2	2.6
Total	76	100.0

Table 39:
WAS THE AGENCY SEEKING AN
ADOPTIVE PLACEMENT FOR THE CHILD? *

	N	%
Yes	64	79.0
No	17	21.0
Total	81	100.0

One of the issues related to adoption has not to do with the quality of the casework that occurs but rather with the decision-making. As will be shown in the following pages, there were numerous cases in which the agency never sought to give the child a permanent home after reunification efforts had failed. Too many children saw their goals go directly from reunification to APPLA, sometimes almost immediately after a TPR had occurred without any documented efforts to find the child an adoptive home.

ALTERNATIVE PLANNED PERMANENT LIVING ARRANGEMENT (APPLA)

APPLA is the “permanency” goal for children for whom there is no goal of placement with a permanent, legal family. APPLA is considered an acceptable permanency goal only when there is sufficient reason to exclude all other goals that could lead to placement with a permanent family, including the child’s own family, relatives and adoption.

As Table 40 shows, reunification was not considered in more than a fifth of all cases where APPLA was the current goal for the child. Even more disturbing, adoption was not considered in almost two-thirds of these cases.

Reviewers noted a few instances in which children younger than 14 were assigned a permanency goal of APPLA even though adoption had not yet been considered. In one particular instance, a caseworker informed a reviewer that a newborn child’s permanency goal would likely become APPLA because the child’s current foster family could not adopt the child due to age restrictions and the caseworker did not want to disrupt the placement. In another case, the child’s caseworker changed the permanency goal to APPLA against the child’s wishes due to his poor behavior, and the caseworker informed the child that his goal would not be changed to adoption unless his behavior improved. This was not an isolated case. As Table 41 indicates, there was no documentation that the child’s wishes had been considered when setting the goal in nearly one-third of the cases.

TABLE 40:
PRIOR TO A PERMANENCY GOAL OF APPLA, DID THE CASE
RECORD CONTAIN DOCUMENTATION THAT OTHER GOALS WERE
CONSIDERED BEFORE DECIDING THAT THEY WERE NOT IN THE
CHILD'S BEST INTEREST?

WAS REUNIFICATION CONSIDERED?		
	N	%
Yes	130	77.4
No	36	21.4
Unable to Determine	2	1.2
Total	168	100.0

WAS DISCHARGE TO RELATIVE OR GUARDIANSHIP CONSIDERED?		
	N	%
Yes	77	45.8
No	89	53.0
Unable to Determine	2	1.2
Total	168	100.0

WAS ADOPTION CONSIDERED?		
	N	%
Yes	61	36.3
No	107	63.7
Unable to Determine	0	0.0
Total	168	100.0

TABLE 41:
DID THE CASE RECORD CONTAIN DOCUMENTATION THAT THE
CHILD'S WISHES WERE CONSIDERED WHEN ESTABLISHING A
GOAL OF APPLA?

	N	%
Yes	117	69.6
No	51	30.4
Total	168	100.0

Caseworker Visitation

Caseworkers are required to make visits to see the child and/or the family in order to ensure the safety of the children, monitor progress and provide additional assistance where it is needed. Caseworker visitation is the most fundamental mechanism for working with a family while the case is open. Without regular visitation, casework is not possible. DCFS policy requires caseworkers to visit the child and family on a monthly basis for all open cases. This section examines both the frequency and the quality of caseworker visitation.

SUMMARY OF FINDINGS

In just over half of the foster care cases and fewer than one-third of the protective services cases the case record shows a visit each month for the past six months. At the same time, the consistency of caseworker visitation with the family is one of the most powerful predictors of progress for protective services cases.

TIMELINESS

To assess caseworkers' consistency in completing monthly visits, the review examined whether workers had completed a successful monthly visit with the child in FC cases and the family in PS cases for each month within the most recent six months. For FC cases, 54 percent had a documented monthly foster home visit to see the target child within the past six months, and 30 percent of PS cases had a documented family home visit within the most recent six months, a difference that is statistically significant.

**TABLE 42:
CHILDREN (FOR FC CASES) OR FAMILIES (FOR PS CASES) WHO RECEIVED A
MONTHLY PROVIDER OR HOME VISIT DURING THE MOST RECENT SIX MONTHS**

	FC Cases		PS Cases	
	N	%	N	%
Yes	346	54.1	140	29.9
No	293	45.9	329	70.1
Total	639	100.0	469	100.0

Regardless of whether the case type was FC or PS, the high percentage of children who did not receive regular monthly visits from caseworkers is troublesome. Of those FC cases in which consistent visits did not occur, several cases went successive months without a caseworker visit. In multiple cases, no caseworker visits had occurred since the case opened. In other instances, more than one year had passed between caseworker visits. In some cases, DCFS made only a single or limited number of visits to see the child over the course of several years, although this problem appeared to be more localized to particular counties.

The frequency of caseworker visitation varied widely by Area. Area 10 made consistent monthly visits to foster children in 79 percent of the cases; Area 8 did so only 32 percent of the time. Area 6 demonstrated the best record for protective services cases, consistently seeing 43 percent, but contrasted to eight percent in Area 1, the lowest performer on this measure.

Caseworker visitation also has very different reasons and impacts in FC and PS cases. Statistical tests indicate no impact on case progress in foster care cases from consistent visitation, because those visits are with the child and most permanency work should involve the parents more than the children. Visits with the child assure safety and the meeting of the child's needs, while in care, but they rarely contribute to permanency. In protective services cases, where DCFS workers made the fewest visits, the impact on case progress is as strong or stronger than any other factor examined in this study, and in the expected direction. Fewer visits quite simply meant less progress.¹³

Similar to FC cases, a large number of PS cases went several successive months without a caseworker visit, including several cases that were open for several months, and even a few that were open for more than one year, between the case open date and the caseworker's initial contact with the family. Caseworkers frequently neglected PS cases—that is, they often did not conduct an assessment, develop a case plan, hold a staffing or even complete an initial home visit—until several months had elapsed after the case opened. One caseworker interviewed for this study stated that she “usually gets a sense of how often” she needs to visit a family after the initial visit, so occasionally the caseworker did not complete monthly visits, allowing her intuition to determine how often she should visit the home. As they did in FC cases, caseworkers and supervisors attributed the lack of monthly visits in PS cases to staff shortages.

Reviewers also noted that the assignment of primary and secondary workers is not operating as intended. Several caseworkers were unaware that visits were not occurring in their cases, often believing that an assigned secondary caseworker was making monthly visits and engaging the child and his or her foster parents regularly, even when no such visits were documented in the case record. One caseworker did not know she had to visit one child because the child in question had been moved to a pre-adoptive placement, and the caseworker believed that either the assigned adoption specialist or a secondary caseworker was responsible for arranging visits.

Caseworkers pointed out that there is rarely any accountability should the secondary caseworker fail to complete a monthly visit, although caseworkers also acknowledged that they typically did not address this issue either with their supervisors or with upper agency management. In one instance, a young child was placed in a pre-adoptive home in October 2008 and the child had not been visited in this placement by a caseworker as of May 2009. When the reviewer asked the caseworker about this long gap in between visits with the child, the caseworker reported that she had only recently been assigned to the case and she was unaware what the agency's policy was regarding visits to see children in adoptive placement if they were placed in another

¹³ Gamma = .639, $p < .001$.

county. If one is surprised by that reaction, perhaps one should also be surprised that a new assignment was made to a worker in a different county than where the child resided after parental rights had been terminated.

Lack of accountability, the prevalence of misinformation or limited policy knowledge, lack of communication across county offices and, more specifically, a lack of cooperation between primary and secondary caseworkers are problems statewide. One county supervisor reported that county offices do not cooperate with one another in order to complete visits. In response to secondary caseworkers not completing monthly visits, one unit supervisor stated that she addressed the issue with the County Supervisor before bringing it to the Area Manager's attention. In these instances, according to this unit supervisor, the Area Manager emailed the secondary caseworker and requested that he or she complete these visits, but in many instances the visits were still not completed.

Finally, when questioned on issues pertaining to monthly visits in both FC and PS cases, caseworkers and their supervisors often reported that they completed monthly visits with most of the families or children in their assigned cases, but they did not document the visit appropriately in the CHRIS case record due to lack of time.

QUALITY

For FC cases, the quality of visits was measured by whether the caseworker:

- 1) maintained communication with the child;
- 2) assessed the quality of care being provided to the child;
- 3) determined that the child's needs were being met; and
- 4) engaged the child and foster parents (when appropriate) in activities geared to complete case plan goals.

For PS cases the review examined whether the visits that occurred met the purpose of assessing the family's needs and included discussion of substantive family issues.

As Tables 43 through 47 show, caseworker visits in FC cases were most successful at maintaining communication with the child and least successful at engaging the child and foster parents in tasks geared to accomplish case plan goals. While nearly all cases showed some level of accomplishing each of these goals, in about one in six cases there was no discussion of accomplishing tasks relating to case plan goals at all. In addition, there were occasionally cases where caseworkers failed to speak to the children individually during the visits.

**TABLE 43:
FC CASEWORKER VISITS**

**DID THE MONTHLY VISITS THAT OCCURRED WITH THE TARGET
CHILD MEET THE PURPOSE OF MAINTAINING COMMUNICATION
WITH THE CHILD?**

	N	%
All	468	73.2
Some	142	22.2
None	29	4.5
Total	639	100.0

**TABLE 44:
DID THE MONTHLY VISITS THAT OCCURRED WITH THE TARGET
CHILD MEET THE PURPOSE OF ASSESSING THE QUALITY OF
CARE BEING PROVIDED?**

	N	%
All	397	62.1
Some	208	32.6
None	34	5.3
Total	212	100.0

**TABLE 45:
DID THE MONTHLY VISITS THAT OCCURRED WITH THE TARGET
CHILD MEET THE PURPOSE OF DETERMINING THAT THE
CHILD'S NEEDS ARE BEING MET?**

	N	%
All	442	69.2
Some	167	26.1
None	30	4.7
Total	639	100.0

**TABLE 46:
DID THE MONTHLY VISITS THAT OCCURRED WITH THE TARGET
CHILD MEET THE PURPOSE OF ENGAGING THE CHILD AND
FOSTER PARENTS (AS APPROPRIATE) IN ACTIVITIES GEARED
TO ACCOMPLISHING CASE PLAN GOALS?**

	N	%
All	357	55.9
Some	198	31.0
None	84	13.1
Total	639	100.0

For PS cases, only 51 percent of monthly visits fully met the purpose of assessing the family's needs and holding a discussion about substantive family issues. When

compared to the results of the quality elements noted for FC cases, this percentage reinforces the notion that caseworkers devote less attention to PS cases.

**TABLE 47:
PS CASEWORKER VISITS**

**DID THE MONTHLY VISITS THAT OCCURRED WITH THE FAMILY
MEET THE PURPOSE OF ASSESSING THE FAMILY'S NEEDS AND
INCLUDE DISCUSSION ABOUT SUBSTANTIVE FAMILY ISSUES?**

	N	%
All	238	50.7
Some	146	31.1
None	85	18.1
Total	469	100.0

This measure for PS cases showed itself statistically to be just as strongly related to achieving progress as is the simple occurrence of the visit.¹⁴ Unfortunately, only 30 percent of the cases get regular visits and only half of those are substantive in nature.

¹⁴ Gamma = .655, $p < .001$.

Because this review examined individual cases, the majority of its attention has been devoted to action caseworkers did or did not take. Caseworkers and the child welfare agencies for which they work do not succeed, however, unless first line supervision is strong. Supervisors not only have to be available to consult with staff on an as-needed basis, they must also actively review the work their caseworkers perform.

SUMMARY OF FINDINGS

In roughly half the cases DCFS supervisors fail to meet with the worker to discuss the case every six months. Those reviews occur slightly more frequently for foster care cases than for protective services cases, but for both programs more than two of every five cases go six months or more without a supervisory review. Moreover, when supervisors approve assessments and case plans, they frequently do so without having examined them in detail or without applying basic standards of casework practice in their reviews. The best evidence for that are the discussions of assessment and case plan quality in the sections above.

SUPERVISORY REVIEWS

One of the most basic functions of a supervisor is to meet periodically with his or her workers to review individual cases. All cases need this type of supervisory review. However, Table 48 shows that just over half of the FC case records had documentation that a supervisory meeting occurred within the last six months, and for PS cases this figure was below half. As inadequate as supervisory reviews were for foster care cases, protective services cases were worse at a statistically significant level.

**TABLE 48:
DOES THE RECORD CONTAIN DOCUMENTATION
THAT THE ASSIGNED SUPERVISOR HELD A
SUPERVISION MEETING TO DISCUSS CASE
PROGRESS WITHIN THE LAST SIX MONTHS,
OR WITHIN SIX MONTHS OF CASE CLOSURE?**

	FC Cases		PS Cases	
	N	%	N	%
Yes	350	54.8	214	45.6
No	289	45.2	255	54.4
Total	639	100.0	469	100.0

Chi-square = 9.05, df = 1, p < 0.01

Supervisors also use DCFS' supervisory review tool to review the cases for which their workers are responsible. These appeared in the case record, however, only about as frequently as the supervisory meetings occurred, 52 percent for foster care cases and 45 percent for protective services cases.

SUPERVISORY APPROVALS

Aside from meeting with staff on a regular basis to review cases, supervisors are also required to sign off on assessments and case plans. Although supervisors did regularly sign off on these documents, it appears as though they often failed to review the documents prior to doing so.

When reviewers spoke to one supervisor concerning a FSNRA that only mentioned one of the three children in the family, the supervisor admitted that she must have “overlooked” the two other children. In another instance, one case had two referrals, both of which alleged sexual aggression—one by the father and the second by the brother—against the child. The referral involving the father was thoroughly investigated, but the incident with the brother was never investigated. When reviewers raised this issue to the supervisor, the supervisor responded that she was unfamiliar with the incident and asked reviewers to search the investigation in CHRIS. After identifying the investigation in CHRIS, the documentation indicated that the supervisor had in fact completed the investigation. Even so, the supervisor did not recall the referral and stated that it was a moot point since the alleged offender (the brother) resided with his mother in another county.

Although case records revealed minimal supervisory guidance, many caseworkers reported that they feel supported by their supervisors. At the same time, reviewers noted several supervisors who were carrying caseloads as caseworkers in order to decrease their caseworkers' workloads. This will clearly reduce the supervisor's ability to provide effective supervision to the caseworkers.

In one county office, the County Supervisor asked reviewers for an example of FSNRAs and case plans of substantive quality. When reviewers supplied the supervisor with examples of good and bad case plans and FSNRAs, the supervisor appeared very interested in improving this issue in her county. While the supervisor clearly had good intentions, reviewers were concerned that a supervisor did not know beforehand what constituted an assessment or case plan of substantive quality.

SUMMARY OF FINDINGS

While there were differences in overall performance among the agency's Service Areas, virtually all of the issues cited in the discussions above can be found in every Area. No Area can serve as a model for the rest of the state, because each one demonstrates weakness in some aspect of the casework process. Similarly, no Area performs poorly on everything; each of them exhibits some strengths.

When one focuses on the differences among the Areas, perhaps the most notable difference lay in the attitudes of staff, both caseworkers and supervisors. Where staff were more positive, requirements were met more often, documentation was more complete, staff were more likely to act as a team and supervisors reviewed cases with their workers more frequently. When attitudes were poor, performance on requirements ranked among the lowest among the Areas, documentation was almost non-existent and viewed as an impediment to doing casework, staff complained about others in the office and there was little evidence of supervision.

AREA HIGHLIGHTS

A full profile of each Service Area would require repetition of all the themes (and many of the examples) discussed in the previous sections of this report. Therefore, without attempting to be exhaustive, the following pages provide an overview of some of the most notable highlights reviewers cited in relation to each Area.

Area 1

- About 20 percent of the foster care cases show no documented home visit with the child for several months.
- Nearly 40 percent of the protective services cases have few if any visits from the caseworker.
- In 40 percent of the foster care cases the FSNRA is not updated or is out of date.
- High caseloads are generally the reason given for deficits in casework.
- Supervisory oversight is so lacking that in one county the supervisor did not complete any review tools whatever for her assigned cases.

Area 2

- Foster care case plans are not current in 40 percent of the cases.
- Protective services cases show little effort on the part of the agency with gaps in family contacts in 47 percent of the cases.
- Supervisors do not complete supervisory review tools and there seems to be little or no accountability regarding the timely completion and updates of FSNRAs and case plans.
- Workers acknowledge poor quality casework and cite caseload size as the culprit.
- One new county supervisor acknowledges limited documentation and is working to build the case file to include relevant information such as service provider reports and updated case plans.
- A supervisor in one county has 44 children on her personal caseload, and all supervisors in that county carry cases.
- One county supervisor reported that she had nine to ten new workers, some in training, some just out, and that this should help improve workloads and performance.

Area 3

- Foster care cases move quickly through the system, with parents given six to nine months to make the necessary changes and, if there was lack of sufficient progress, termination recommended to the judge.
- Many protective services cases were opened for “environmental neglect” and a homemaker service was used to teach the family how to keep the house clean.
- No problems were seen with worker attitudes but a concern was registered about the judge who removes children easily, particularly for delinquency, even not attending school.
- In the largest county in the Area reviewers found casework practice to be consistently low as evidenced by poor case notes, inability to tell from the record where the mother was residing, the actual goal of a plan or whether any visits were occurring.
- Supervisors sign off on very incomplete documentation in this Area.

Area 4

- Foster care case plans and the FSNRA were in the paper record but were not signed by the supervisor in at least a quarter of the cases.
- In five of the cases the child's assessment portion of the FSNRA was left blank for all children.
- In one county, there seemed to be an issue with placement moves. Two out of four cases reviewed from the same worker had 20 or more moves and the other two had nine moves in 12 months. Both displayed an over-use of residential care and medication and giving up on permanency too soon.
- In another county there is a court and/or agency practice to punish children with severe behavior problems by not allowing visits with relatives and even by assigning another permanency goal.
- At least one worker utilized standard language in her contact documentation: "court and case plan issues discussed," even if the case was not court involved. When asked, she reported that she cuts and pastes this language into every single contact to meet the requirements on the supervisory review tool.
- Though there were only a few cases reviewed for another county, it seemed families had complied with their case plans, there was good documentation throughout the life of the case, and the caseworkers completed most of the monthly home visits with the family over the past six months. This county has a stable staff, with all workers having three to five years of tenure.
- There was camaraderie in that same office and that seemed to carry over to the way staff dealt with families, with no evidence of a punitive attitude. This county has only five children in foster care because the staff find safe relative placements before the probable cause hearing to avoid formal foster care.
- Some PS cases are being left open for too long after it might be appropriate to close them.

Area 5

- In at least one county visitation is heavily influenced by drug screens, i.e., they are denied when a screen is positive. The workers explain, "If the parents don't love their children enough to stay clean they don't deserve to see their children."

- When services are not provided, workers cite families as the most frequent reason.
- The percentage of protective services cases with very limited contacts between the caseworker and the family is very low, about 13 percent.

Area 6

- The most frequent issues noted across the state also appear here, but they do so less frequently. In particular, case plans which fails to address identified needs or which are not signed by supervisors, are less common here than in most Areas.
- In addition, for protective services cases it is less common here than elsewhere to see significant amounts of time elapse between case opening and the initial visit.

Area 7

- In protective services cases there were only limited contacts with 29 percent of the families.
- In about a quarter of the PS cases reviewers could not determine whether services were offered or delivered.
- Though in a couple of counties the supervisory review tool was frequently in the case record, there were quite a few cases which contained no evidence of such a review.
- Considering that many of the foster care cases were all high needs cases, service availability and quality seemed very good. The services were not always in Little Rock or Pine Bluff, but it did not appear that there were barriers to accessing these services, aside from transportation time.

Area 8

- This was generally seen as one of the better performing Areas, evidenced in part by lower proportions of cases with instances of:
 - not involving all required parties in the initial assessment;
 - not involving families in the development of the initial case plan;
 - not identifying apparent family problems in the FSNRAs; and
 - not conducting required monthly visits with a child in foster care.

- Generally, worker attitudes seemed appropriate; workers seemed to want to connect families with the appropriate services and work with families for the best outcome. When asked about particularly difficult cases, workers expressed genuine concern for their clients.
- Despite the generally good record of the Area, there is one county in the Area where both attitudes and performance is very low. Caseworkers acted as if they were accustomed to poor practices with no consequences or accountability. Outside of this county, workers in the Area appeared to care about their cases and to do good casework. Their attitude was one of hard work, team work, use of common sense when dealing with families and service to the families.
- Generally supervision seemed to be adequate. For the most part, supervisors seemed to be aware of the circumstances of all cases.
- Though most services are easily available, one county does not have any in-patient residential facilities nor does it have drug or sexual abuse treatment facilities, although both were in need.

Area 9

- Like Area 8, reviewers ranked this Area at or near the top in overall performance.
- Staff appear to try to complete their case plans and FSNRAs on a regular basis, although occasionally that did not happen or the quality was poor.
- In one county the supervisor did not monitor the hard copy files and they were very disorganized.
- Although performance was generally good in this Area, there was no particularly outstanding feature which could be imitated elsewhere. It was just fairly solid work.

Area 10

- Older children with a goal of APPLA generally were not involved in developing their case plans.
- At least one of the counties in this Area engage in the practice of withholding visits due to the child's behavior.
- Generally, attitudes seemed to be very positive and most seemed appropriate with the exception of some who acted punitively towards clients.

- Several cases that were reviewed in one office presented concerns about the current safety and well-being of the children. One case involved children being possibly abused and neglected within a foster home setting. After this was addressed with the worker it was stated that the possible abuse was called in as a referral; however, such a referral was not located in the database.
- Supervision seemed appropriate for the most part. However, quite a few cases did not have the supervisory review tool located in the hard copy case files. There were attempts to clean up the files for the reviewers.

Findings and Recommendations

FINDINGS

Two general points need to be made about the findings of this study. First, the frequent failure to meet recognized standards of casework practice is not endangering children. For fewer than two percent of the cases examined here was there any indication that the children might be in danger. In addition, in another study HZA is currently conducting for DCFS which focuses on investigations of abuse and neglect which are overdue, it is becoming clear that caseworkers are nearly always making appropriate decisions about safety. Out of over 800 overdue investigations examined so far, only three cases have been referred to the agency for an immediate visit to the family to determine whether the children are safe. The vast majority of the overdue investigations are ones which will, whenever the investigation is completed, be unfounded, and the investigations have not been completed because caseworkers have focused their attention on those cases where abuse or neglect has been found to be true.

The consequences of poor casework for the population examined here lie not in safety issues but rather in issues of permanency and well-being. If DCFS is not able to strengthen the families it serves, children in foster care will not be able to return home as quickly as they should, some children who were not in care will eventually have to be removed and even children who are never removed from their homes will have less opportunity to develop as physically, mentally and emotionally strong as all children should.

The second point has to do with documentation. The basic rule governing the data collection for this project was: if it was not documented, it was not done. For some events, this is a tautology. If the case plan document was not completed or not completed on time, the absence of the documentation is the same thing as the absence of the plan. In other instances, however, an action may have been taken without having been recorded. Families may have been involved in the assessment of their needs and strengths or children in foster care may have received visits from the caseworkers without that having been noted in the record.

The potential for differences between the documentation and the actions taken does not mean that standards were met in the vast majority of cases. Most of the issues have been viewed from a variety of perspectives and the correlations between the occurrence of various actions and progress on the case are sufficiently strong to suggest that less documentation does indicate that less was done. Moreover, as will be argued below, lack of documentation is itself a problem which hampers the quality of casework and impedes progress. Nevertheless, it must also be admitted that the poor documentation makes it difficult to determine exactly what was done in each instance.

With these caveats, the major findings from this review are listed and discussed below.

1) On any given requirement or measure of casework practice, DCFS is likely to show conformity about 50 percent of the time. That is not sufficient.

Hundreds of counts and percentages have been presented in this report. Frequently, the percentage of cases which met a particular criterion, e.g., involvement of family members in the development of the FSNRA or the percentage of cases in which monthly visits were made consistently over the past six months, was within a few percentage points of 50 percent. To know what that means, however, one needs a standard. While some level of failure to meet all requirements and best practice guidelines is virtually inevitable, one needs to know how much is acceptable and how much is not.

To a large extent that level has already been articulated by the federal government. In its Child and Family Services Reviews (CFSR) it requires a state to improve its performance if it does not achieve conformity in 95 percent of the relevant cases using a case review tool that includes qualitative measures such as the one used for this review. Whether one uses that standard or the lower 90 percent the government used during the first round of the CFSR, DCFS needs to improve its performance on each and every measure examined in this report.

2) The quality of the agency's casework makes a measurable difference in the extent to which DCFS intervention leads to positive outcomes for children and families.

Child welfare work is more frequently misunderstood than perhaps any other profession. Too often it is viewed as saving vulnerable children from malicious parents. While such cases do exist, they are a small minority in public agency caseloads. The far more common objective is to provide parents the knowledge, skills and supports they need to protect and care for their children without government intervention.

Achieving that objective is more likely when the DCFS caseworker has met the requirements and practices examined here. When the initial assessment and case plan are on time; when the family was involved in developing them; when the assessments reflect the needs and strengths of the family and the plans address the needs and utilize the strengths; when reassessments and case plan reviews occur regularly; when caseworkers visit with the children and families and engage them in substantive discussions about what is needed for the case to make progress; and when supervisors review each of these steps in substantive ways; then, families are more likely to become stronger and more independent and children are more likely to have permanent homes. This study tested and affirmed that finding, which should prove a comfort not just to Arkansas but to all states.

It cannot be stressed enough that there will never come a time when all DCFS cases succeed. Some families are too damaged, some parents too unprepared and some children too hurt for that to happen. But neither can DCFS take credit for all of the successes. There are families who succeed despite substandard agency efforts, and there may be even more of those than there are of families who will fail even in the face of outstanding efforts. Still, if DCFS casework improves, more families will protect and care for their children than do so now.

3) Case specific supervision is weak.

While many workers reported feeling “supported” by their supervisors, there was no evidence that supervisors accomplished their required tasks any more frequently than did workers. Reviews of cases by individual supervisors occurred too infrequently, the supervisory tool documenting the supervisor’s examination of the case was missing in nearly half the cases and supervisors often signed and approved assessments and case plans which had obvious inaccuracies. In short, supervisors may be fulfilling one of the standard supervisory functions, namely, providing support to their workers, but they are not doing some of the others, including holding workers accountable and teaching workers how to do their jobs more effectively. To the extent that these failures in supervision result from the supervisors themselves carrying too many cases, that should be addressed in future hiring decisions.

4) Caseworkers do not involve families sufficiently often either in conducting assessments of the strengths and needs of the family or in developing the case plans.

The most frequent reason cited in the case record for the non-delivery of many of the services listed in the case plans was client refusal or non-cooperation. Had the review included interviews with or other input from the clients, another story would undoubtedly have developed, and in fact the vast majority of families did cooperate with services, even when they were not involved in developing the plans. Assuming, however, that the case records are accurate and client refusal is the most common reason for non-delivery of services, it is unclear why caseworkers would expect clients to cooperate with services when they do not ask them to participate in the assessment or planning. Indeed, without that involvement the case plan is less a plan than a set of commands and the motivation for compliance is not commitment but fear. The case plan becomes simply an exercise of the caseworker’s power over the client.

Child welfare, almost uniquely among the human services, frequently involves conflict between the caseworker and the client. When caseworkers demonstrate such disrespect for the clients that they do not seek their involvement in defining the issues and generating the solutions, they intensify that conflict. The entire process becomes self-defeating. The caseworker’s job becomes more difficult because of the client’s increased resistance which in turn becomes a reason for the worker to take short-cuts to get everything done which in turn involves making decisions with even less input from

either clients or supervisors which in turn makes those decisions less likely to have any significant impact.

Although child welfare will always be an involuntary service, it is naïve to believe that clients have no choices. By exercising fewer power moves and more engagement skills, caseworkers will more often accomplish what they want. That, however, will take some fundamental changes in attitude of the agency's staff towards its clients. Some of the smaller counties already exhibit those attitudes and they need to become the model for the rest of the offices.

5) Documentation, both in CHRIS and in the hard copy files, is extremely poor and reduces the quality of the casework.

The single most frequent comment made by reviewers in protective services cases had to do with the poor quality of the documentation. There were limited case notes and it was impossible in many instances to determine whether services were either offered or delivered, whether contacts were occurring or even whether any progress was being made on the case. Much the same occurred with foster care cases, but the situation was less serious here, largely because much of the information that should have been in the agency records could be found in the reports to the court. Nevertheless, the most frequent comment reviewers made about foster care cases was the lack of any change in the assessments, when case circumstances had clearly changed.

The attitude that documentation does not matter seems to be quite widespread among DCFS workers and supervisors. That perspective would be at least arguable (although probably still wrong) if child welfare were a simpler system. It is not. First of all, without good documentation, the division of labor between primary and secondary workers will often dissolve into confusion, as it frequently does. Second and much more importantly, the turnover among caseworkers in DCFS is such that failures to document virtually require the next worker to start from the beginning in terms of assessments, plans and follow-up monitoring. A worker or supervisor who says "I did the requirement but I did not write it down" either plans to stay with the case for its duration or expresses his or her lack of regard for both the client and the colleagues who will follow.

It is not an accident that it is the professions where documentation is most demanded and most important. While many caseworkers find documenting what happened in a visit with a family too burdensome, lawyers have to record what they are doing every five minutes and doctors (even those with paper records only) know both what issues brought you into their offices during the past several years and what was done about it each time. Casework needs the same kind of systematization and documentation is a critical component of that.

6) One of the factors contributing to poor attitudes regarding documentation is the poor design of some of the forms.

In most agencies there is much less resistance to demands for documentation when the documentation is meaningful and useful. Documentation that is repetitive, of limited relevance for making decisions or built to conform more to the limits of the computer system than to the demands of casework will and probably should draw resistance.

The most egregious example discovered during this review was the case plan. Unlike the plans in most states which have goals, objectives and tasks or services, DCFS' plan articulates a need not an objective and requires a service for every need. That means that instead of saying that the objective is for the family to keep its house in safe, clean order, the DCFS plan says that the agency will be providing housing services to the family. The objective is never stated and the promise of a service is illusory. Much of the service data in the CHRIS case plans is, therefore, meaningless, and any time a worker spends creating those data will feel wasted.

7) Excessive workloads contribute to workers' inability to perform more effectively.

While this study did not focus on or measure workloads, reviewers did talk with numerous caseworkers and supervisors about that issue. It was not surprising that excessive workloads were blamed for lack of documentation, late assessments and plans and infrequent caseworker visits. Such complaints can be heard in nearly all child welfare agencies.

On the other hand, if some of the hard numbers caseworkers and supervisors reported were even approximately true, there certainly are spots across the state where workloads are excessive. An average of 37 cases per worker in one office would pretty much guarantee that work on nearly all cases would be deficient. The same is true of the worker with 28 foster care cases and even more so of the worker with 58 cases, a combination of foster care and protective services cases.

Ironically, some of the workload issues could be solved by the workers and supervisors. In Area 4, for instance, there were protective services cases which clearly could have been closed but which, for whatever reason, continued to stay open and to place demands on worker time. Most of the workload burden is not of this type, but neither is it clear that workload is the most important contributor to poor casework. It is, however, an issue which will need to be addressed.

RECOMMENDATIONS

While the following are presented as recommendations, they should probably be better thought of as starting points for re-thinking how DCFS operates. In fact, these could not be implemented without a great deal of thought and consideration in any event.

There are only four recommendations, and none of them is revolutionary. Instead, they focus on the basics of casework and how to ensure that those basics are applied in every case. All of the issues discussed in this report represented basic social work practice, and it will be through implementing the basics that DCFS moves from being 50 percent effective to being 90 percent effective.

The real issue regarding the recommendations emanating from a project such as this has less to do with the goal than with the means of getting there. Both the results of this study and HZA's knowledge of DCFS suggest that the best means of reaching the goal of a more effective agency will involve stronger supervision, a better definition of the population to be served, greater structure in casework decision-making and documentation requirements which relate directly to the decisions that have to be made.

Recommendation 1: DCFS should introduce a new model of supervision, one that ensures supervisors have the knowledge, the skill and the time to provide workers with appropriate support, ongoing mentoring and accountability.

The typical response of child welfare agencies when faced with findings of large-scale non-compliance with requirements and best practice guidelines is to focus on the caseworker, sometimes expanding training for the workers, sometimes tightening requirements, sometimes enhancing accountability mechanisms. It rarely works.

If management is to change the direction of the agency, it has to enlist the supervisors in that effort. To introduce a new model of supervision means to change the way supervisors understand their job and to provide them with the tools necessary to carry out that new understanding.

Such a change will require several steps. First, there needs to be training specific to supervisors and this needs to involve not just an initial introductory course but ongoing (at least annual) courses which allow supervisors to deepen their understanding of both the clients and of supervision itself. Moreover, that training needs to be competency based, imparting not just knowledge but skills. Some of these are critical thinking skills. The kinds of questions asked by reviewers, such as the logic between the strengths/needs assessment and the case plan, need to be routinely asked by supervisors. Other skills are those involved in supporting workers, mentoring them and holding them accountable.

Second, those supervisors who are carrying cases need to be relieved of those cases so they can devote themselves full-time to supervision. This is undoubtedly difficult in some parts of the state, but a supervisor who is responsible for his or her own cases is likely to give more attention there than to supervision. Stated differently, when supervisors carry cases, there is a very good chance that the cases their workers carry will suffer.

Accountability is the focus of the third step for this recommendation. While providing support and mentoring to workers can be done without specific structures, there need to be organization-wide structures for accountability. Some of the measurements for those structures are already in place, for example, in the COR. There is, however, no consequence for repeated, persistent failure to meet the requirements. There is not even a consequence for relative failure, i.e., for consistently being among the worst performers in a system which is performing inadequately as a whole. Furthermore, self-report mechanisms do not seem adequate; the stepped-up quality reviews will need to validate some of the self-report measures. Accountability with consequences needs to start with Area Managers and supervisors. If it works well at those levels, it will be because supervisors have initiated structured accountability systems with their caseworkers.

Recommendation 2: DCFS should radically reduce caseloads, both by closing cases which need not be open and by restricting the opening of new cases.

The caseloads cited in the findings discussion above are not supportable. At the same time, large increases in the number of caseworkers and supervisors are probably unlikely and might not be desirable even if likely. A reduction in caseloads has to come from a different direction; it has to come from reducing the population served.

As noted above, some cases can be closed because they no longer need services. DCFS is beginning a new project which will do precisely that over the next six months. If the project is carried out appropriately, the size of the population, particularly in protective services cases with no children in care, will shrink dramatically. In fact, if the project is carried out appropriately, the agency's image of whom it should serve may also change.

A one-time effort, however, is not enough. Closing current cases will not make much difference if new cases continue to be accepted and opened at the same rate. The criteria for whether or not a case is open need to be tightened, because so many cases open now that few if any of them receive appropriate attention. When this report shows that a typical requirement is met in only 50 percent of the cases, it does not mean that 50 percent of the cases are handled appropriately in all ways. Most cases will be lacking in something; indeed, most will be lacking in many areas. If the agency is to provide real protection to children and real assistance to families in need, it must be sure that it takes on no more than it can handle and that it focuses on the most pertinent cases. There is nothing magical about opening a case if it cannot be given sufficient attention.

Although it did not appear in this study, HZA has recently discovered an additional factor which is probably contributing to the size of the caseloads. In its study of overdue investigations cited earlier in this report, HZA has found significant numbers of reports which simply should never have been accepted by the hotline. Some involve situations in which the alleged perpetrator is not a person responsible for the care of the child, and

even more involve situations in which some less than desirable activities have allegedly occurred but no harm or even plausible threat of harm to the children is specified.

Acceptance of reports which should be screened out has at least two impacts. The most obvious is that workers have to spend time responding to those reports, i.e., visiting the home, interviewing the children and the adults and perhaps talking with others who know something about the situation. That is time that is not available for working with families in open cases or for attending to genuine reports of abuse and neglect. The second impact is less frequent, but one would expect that some of these cases eventually get opened for service. In essence, by accepting calls that should be screened out, the hotline widens the range of situations to which child welfare workers are compelled to respond, and part of that response will involve opening cases. When that happens on cases where there should have been no report, time is taken away from more serious cases which need greater attention.

Recommendation 3: DCFS should adopt a rigorous system of structured decision-making for making decisions about case openings, child removals, permanency goals, discharges from out-of-home care and case closings.

One caseworker, in describing how she chooses which families to see monthly and which to see less frequently, said that she uses her intuition. From the cases reviewed for this study, that appears to be the way that most caseworkers make their decisions, and each one's intuitions are likely to be different. With heavy turnover in many of the offices, the quality of those intuitions is likely to vary widely.

This recommendation could have been about reducing turnover and improving worker knowledge and skill, but similar efforts have proven difficult if not impossible in other states. The alternative is to reduce caseworker and supervisor discretion by employing structured methods for collecting and recording data and standardized decision-making criteria for each of the critical decisions that have to be made.

While the principle behind this recommendation is simple enough, implementation can be difficult. The agency can choose to purchase an existing tool from one of the national organizations which produce them, modifying it to suit Arkansas' system, or it can attempt to develop its own tool. The former alternative can have a substantial cost; the latter, however, often results in tools which provide too little guidance and leave workers and supervisors to decide for themselves which decisions to make. If that is the result, little is likely to change.

Whichever option the agency chooses, the result needs to be a set of guidelines which are sufficiently standardized that workers and supervisors are all making similar decisions. DCFS already has such guidelines for making decisions about the findings of its investigations, but it lacks them for the decisions about opening cases, removing children from their homes, setting permanency goals, discharging children from care

and closing cases. Until such guidelines have been implemented, the agency will find it difficult to reduce the size of the service population to a level it can reasonably handle.

Recommendation 4: DCFS should, as part of the development of a structured decision-making system, re-design its documentation forms and requirements to make them more useful and simultaneously change policy to reduce or eliminate all worker- and/or supervisor-generated exemptions to requirements.

By its very nature structured decision-making will require new assessment tools and new case plan documents. This recommendation is, therefore, really about the criteria to be used when new tools are developed. While this study did not try to determine whether the documentation criteria and forms are more onerous in Arkansas than they are elsewhere, the perception that documentation is getting in the way of doing casework needs to change. For that to happen, it has to be clear that each piece of information collected fits into a decision and helps the caseworker make that decision.

In fact, any system in which decision-making is structured has at least two components. The first is a systematic collection and recording of information. The information collected is limited to what is relevant to the issues, in this instance the safety, permanency and well-being of children, and the documentation itself should be designed to lead the caseworker through a systematic thought process. The second component consists of the guidelines for making decisions, and while this is quite important, it cannot be effective if the information is not collected and analyzed in a systematic way.

Case reviews were conducted for a sample of approximately one-fourth of the total Foster Care (FC) and Protective Services (PS) cases in the state. The sample was selected in such a way that all county offices throughout the state were represented in the sample.¹⁵ The sample only considered FC cases that had been open for at least 90 days and PS cases that had been open for at least 30 days. These requirements ensured that DCFS was provided with enough time to complete the initial stages of casework.

The case reviews were conducted using structured review instruments that are presented in hardcopy form as Appendix A (for FC cases) and Appendix B (for PS cases). The review instruments were also translated into an electronic format so that case reviewers could enter information about the cases into a computerized database that was used for reporting and analytical purposes.

DATA SOURCES

The data collected as part of the case review process consisted of four main types:

- 1) Pre-populated data items from the Children's Information System (CHRIS), which is Arkansas' Statewide Automated Child Welfare Information System (SACWIS) and DCFS' primary case management system, that were collected as part of the initial sample selection. These items (shown in blue text in the instruments in the Appendices) included such information as the case open date, assigned primary caseworker, the county office responsible for the case, and the dates of initial and subsequent family assessments, case plans and case staffings.
- 2) "Closed-ended" or "forced-choice" data items that allowed reviewers to make their assessments in terms of a limited number of pre-determined response categories such as "yes" or "no", or "all," "some" or "none." While these types of items are readily amenable to statistical analysis, they often lack the depth that may be required to understand the nuances of particular cases.
- 3) "Open-ended" or "free-field" text boxes that allowed reviewers to elaborate on issues that may not have been adequately captured by forced-choice items. In particular, reviewers were provided with an opportunity to provide open-ended text information at the end of each section of the review instruments and in their overall assessments of the quality of casework observed in the cases reviewed. These text fields have been subjected to a systematic reading and results of this more qualitative analysis have been incorporated into the report in appropriate sections.

¹⁵ The Woodruff County office was not included in this study because it did not have any caseworkers.

- 4) Interviews with caseworkers and County Supervisors, particularly in instances where some issues or concerns were noted about the level of progress made with respect to a particular case or about the overall quality of casework.

In addition to the data sources described above, HZA also used data from CHRIS to generate selected measures from the monthly Compliance Outcome Report (COR) for all FC and PS cases that were reviewed. Among the COR items selected were those having to do with the timeliness of initial family assessments, staffings and case plans.¹⁶ These items were analyzed with respect to summary measures of case progress and quality of casework that were collected as part of the case reviews. The goal of this analysis was to determine whether or not data elements collected on a regular monthly basis in the COR have any predictive power for longer-run case outcomes as measured in the case review. If DCFS can, through its normal monitoring systems, identify areas where casework quality is deficient, without having to undertake a special study such as this one, it will have a powerful tool for ongoing improvement in service to children and families.

THE CASE REVIEW PROCESS

Every case review included several stages:

- 1) *Review of cases in CHRIS.* Reviewers completed a reading of the all case documents in CHRIS beginning from the investigation to the most recent case note.
- 2) *Review of hardcopy case files at the county office.* Reviewers read all case documents that were included in CHRIS (provider reports, court documents and other) as well as completed a paper document checklist to determine whether a series of policy-mandated documents were included in the hard case file.
- 3) *Discussions with field staff as appropriate.* Reviewers completed interviews with caseworkers on cases in which some issues or concerns affecting case progress were noted or cases in which reviewers were not able to get full disclosure concerning case activities due to inadequate documentation in the case record. If the caseworker was unable to meet with reviewers, or a case required immediate supervisory attention, reviewers discussed the case with the supervisor.
- 4) *Post-field review and completion of review instruments.* After all information was gathered on the case, reviewers completed the review

¹⁶ For foster care cases, additional items having to do with permanency planning hearings and evaluations for independent living skills were also generated.

instruments and submitted data in preparation for the area reports. The instruments were then checked for completeness and consistency prior to the analysis of the data.

STATISTICAL ANALYSES

This report relies on two statistical tests, the chi-square test for independence and the gamma test. These two tests are used to identify meaningful trends and patterns in the data-sets used in this report.

Pearson's chi-square test is used to calculate the statistical significance of observed frequencies between groups. For instance, families may be involved in case planning more frequently when the children are in care than when they are not. The chi-square test of independence reveals whether that difference is large enough to be considered "statistically significant" and not due to chance or sampling error.

The gamma test is used not only to identify differences in frequencies but also to describe the strength of the relationships. For example, a gamma test was used to describe the relationship between case progress and case quality. The question is: as case quality improves, does case progress also improve? To answer this question, Gamma values range between negative one and one. A negative value for gamma indicates an inverse relationship between the variables. A positive gamma value indicates a positive relationship between the variables. The strength of the relationship is revealed by the absolute value of gamma. When that is close to one, the relationship is stronger than when the value is close to zero.

Where statistics are cited in this report, the text also shows the p value, i.e., the probability that the result occurred by chance. In the social sciences, a p value of 0.05 (5%) is widely used as an acceptable margin of error. These tests are said to be significant because there is a 95% probability that the observed relationship is not due to error. Any test with a p value of 0.05 or smaller is accepted as being statistically significant. Any test with a p value greater than 0.05 is rejected, because the chance that the observed relationship is due to error is too great.

Appendix B: Review Instrument for Foster Care Cases

A facsimile of the foster care review instrument is presented beginning on the following page.

Reviewer: _____

Date of Review: _____

Case Name:	Case Number:	Date Case Opened:	Service Area:
County:	Worker:	Date Worker Assigned:	Supervisor:
Target Child Name:	Target Child CHRIS ID:	Reason for current agency involvement:	

I. Initial Assessment, Case Planning and Service Selection

Initial Family Strengths, Needs and Risk Assessment – Date:				
Family Strengths Element	Family Strengths Worker Narrative	Family Risk Factors	Client	Need

- From the information obtained in the record, were the relevant clients¹⁷ involved in conducting the initial FSNRA?
1: All 2: Some 3: None
- From information obtained in the record, does it appear that the worker identified significant risk factors/needs relevant for the family?
1: All 2: Some 3: None
- From information obtained in the record, does it appear that the worker identified strengths/supports that can help resolve the family issues?
1: All 2: Some 3: None
- Was information from the intake, risk and safety assessment incorporated into the FSNRA?
1: All 2: Some 3: None 8: Not Applicable

Initial Case Plan: Date			Service Delivery			
Client	Need	Service	Service Delivered	Barriers to Service Delivery	Identify Services that Client or Foster Parent Requested	Were these Services Included in the Initial CP?
			Options for m/c answer:	Options for m/c answer:	Options for m/c answer:	Options for m/c answer:
			1: Yes	Refer to Sub-Table 2	Refer to Sub-Table 1 below	1: Yes
			5: No	On page 2		5: No
			9: Unable to Determine			9: Unable to Determine

¹⁷ Client is defined as a target child (age-appropriate) and parent or a caregiver that works the case plan towards the reunification with the target child.

Sub-Table 1. Services - Multiple Choice Answers

01: Counseling	05: Psychological Exam	09: Anger Management	13: Emergency Assistance
02: Parenting Education	06: Domestic Violence Counseling	10: Home Based Services	14: Supervised Visitation
03: Alcohol Treatment	07: Educational Services	11: Medical Services	15: Other (specify)
04: Drug Treatment	08: Employment Services	12: Independent Living Services	16: No Other Services Requested

Sub-Table 2. Barriers (check all that apply):

<input type="checkbox"/> 1: Client Refusal	<input type="checkbox"/> 3: Referral not Provided by Caseworker	<input type="checkbox"/> 5: Other (specify)
<input type="checkbox"/> 2: Service Unavailable	<input type="checkbox"/> 4: Transportation	<input type="checkbox"/> 9: Unable to Determine
<input type="checkbox"/> Referral made but waiting for service		

5. At what point was the initial case plan developed?

1: At the initial staffing	3: Before the initial staffing
2: After the initial staffing	4: Plan was not developed (Skip Q 6,7,8; proceed to Q 11)
5: Initial Staffing was not conducted	

6. Identify everyone who was involved in the development of the initial case plan.

Sub-Table 3. Participants - Multiple Choice Answers

Participant	Participated	If Yes, Rate the Level of Involvement	Is Yes, did the participant identify service needs?
A: Mother	1: Yes 5: No	1: Significant	1: Yes 5: No
B: Father		2: Moderate	
C: Child(ren)		3: Limited	
D: Grandparent(s)		9: Unable to Determine	
E: Other Family Member(s)			
F: Non-Family Member(s)			
G: Service Provider(s)			
H: Court			
I: CASA/GAL			
J: Foster Parent(s)			
K: Parent's Attorney(s)			
L: OCC Attorney			
M: Other (specify)			

7. Do the services identified in the initial case plan address the risk factors/needs identified in the FSNRA for all clients?

1: All 2: Some 3: None

8. Does the case plan include the roles and responsibilities of those involved in the plan?

1: All 2: Some 3: None

9. Does the record contain documentation that the clients were provided an explanation of services in terms of the reason for and goal of each service?

1: All 2: Some 3: None

10. Notes/comments for Section I: _____

II. Subsequent Assessment, Case Plan Review and Service Delivery

****Note:** If there is more than one assessment, complete this table for each assessment that was completed for the last two years that the case was open.

Subsequent Family Strengths, Needs and Risk Assessment							
Date	Family Strengths Element	Family Strengths Worker Narrative	Family Risk Factors	Client	Need	Input from Client(s) Utilized?	Input from Providers and Other Stakeholders Utilized?
						Options for m/c answer:	Options for m/c answer:
						1: All	1: All
						2: Some	2: Some
						3: None	3: None
						9: Unable to Determine	9: Unable to Determine

11. Is information documented in the most recent FSNRA consistent with the circumstances of the case?

1: Fully 2: Somewhat 3: Not Consistent 4: Case Closed

12. From reviewing the most recent FSNRA, rate the worker's understanding of:

A) Family's Strengths:

1: Full Understanding 2: Some Understanding 3: No Understanding

B) Needs:

1: Full Understanding 2: Some Understanding 3: No Understanding

C) Available Formal Resources: ¹⁸

1: Full Understanding 2: Some Understanding 3: No Understanding

¹⁸ Formal resources include services provided to the family.

D) Available Informal Resources:¹⁹

1: Full Understanding 2: Some Understanding 3: No Understanding

Subsequent Case Plan							Service Delivery		
CP Date	Client	Opportunity Given to Client to Provide Input in Terms of Services	Involved in the Development of a Case Plan	Need	Service	Does the Service Address the Need?	Service Delivered	Barriers to Service Delivery	Service Needed, but Was Not Included in the Case Plan
		Options for m/c answer:	Options for m/c answer:			Options for m/c answer:	Options for m/c answer:	Options for m/c answer:	Options for m/c answer:
		1: Yes	Refer to Sub-Table 3 on page 2			1: Yes	1: Yes	Refer to Sub-Table 2 on page 2	Refer to Sub-Table 1 on page 2
		5: No				5: No	5: No		
		8: Not Applicable				9: Unable to Determine	9: Unable to Determine		
		9: Unable to Determine							

**Note: If there are no subsequent case plans, the "Plan Review/Staffing" part still needs to be completed.

Plan Review/Staffing				
Date of Plan Review	Participated in the Plan Review	Level of Progress Made Towards the Case Plan Goal	Barriers to Progress Towards the Need	If a Change in Service Occurred During the Review Period, Were Reasons and Goals Explained to the Client(s)?
	Options for m/c answer:	Options for m/c answer:	Options for m/c answer:	Options for m/c answer:
	Refer to Sub-Table 3 on page 2	1: Significant Progress	Refer to Sub-Table 2 on page 2	1: All
		2: Limited progress		2: Some
		3: No Progress		3: None
		9: Unable to Determine		8: Not Applicable
				9: Unable to Determine

13. In the most recent six months did a target child have a monthly visit completed each month?

1: Yes 5: No

14. Did the monthly visits with the target child that occurred within last 6 months meet the purpose of:

a) Keeping communication with the child

1: All 2: Some 3: None

b) Assessing the quality of care provided

1: All 2: Some 3: None

¹⁹ Informal resources include family support, church and other support groups, friends, etc.

c) Determining that the child's needs are being met

1: All 2: Some 3: None

d) Engaging the child and foster parents (as appropriate) in activities geared to accomplish case plan goals?

1: All 2: Some 3: None

15. Are there any safety issues, risks or needs that exist now, but were not identified at the time of initial assessment and should have been?

1: Yes 5: No

A) If yes, what are they? _____

16. Rate the family's²⁰ current progress on the case.

1: Significant Progress 2: Limited Progress 3: No Progress 9: Unable to Determine

17. If no progress or limited progress occurred, what are the barriers towards overall case progress?

Check all that apply:

☐ 1: Client Refusal

☐ 3: Referral not Provided by Caseworker

☐ 5: Other (specify)

☐ 2: Service Unavailable

☐ 4: Transportation

☐ 9: Unable to Determine

☐ Referral made but waiting for service

☐ Not enough time passed to make progress

18. Notes/comments for Section II: _____

III. Permanency

19. Placement Information for the target child.

Placements							
Date of Initial Removal	Initial Placement Type	Date of Most Recent Placement Move	Number of Placement Changes Since Last Removal	Number of Placement Changes in the Most Recent 12 Months or Most Recent 12 Months Prior Case Closure	Current Placement Type	Number of Months in Current Placement Setting	How Long Has the Child Been in Foster Care?
							Years and Months

20. Permanency information for the target child. Record information on the initial permanency goal well as all permanency goals for the past three years. Identify concurrent permanency goals in the space provided.

²⁰ Family includes target child and the parent or a caregiver that works the case plan towards the reunification with the target child.

	Date	Permanency Goal	Concurrent Plan	Level Of Progress Towards Achieving the Permanency Goal	Barriers Towards Achieving the Permanency Goal
A) Initial				Options for m/c answer: 1: Significant Progress	Options for m/c answer: Refer to Sub-table 4
B) Subsequent				2: Limited Progress	below
				3: No Progress	
				9: Unable to Determine	

Sub-Table 4. Barriers Towards Achieving the Permanency - Multiple Choice Answer

1: Appropriate Adoptive Home Unavailable 3: Child's Behavior / Needs 5: Parent(s) lack of progress in term of services 6: Other (specify)
2: Appropriate Kinship Home Unavailable 4: Casework Turnover / Transition 9: Unable to Determine

21. Does the record contain documentation that describes the conditions necessary to achieve the child's permanency goal?

1: Yes 5: No

22. Is the child's current placement stable?

1: Yes 5: No 8: Not Applicable 9: Unable to Determine

☐ **** If the child's most recent permanency goal is reunification, respond to questions 23 through 27 and proceed to the next section. .**

When was the most recent visitation plan developed? __ __/ __ __/ __ __

23. Was a visitation plan developed? 1: Yes 5: No

24. How often are visits scheduled with the child's parents? _____

25. Does the visitation plan indicate whether or not visits are to be supervised? 1: Yes 5: No

26. Does the visitation plan indicate where the visits are to take place? 1: Yes 5: No
a.If Yes, where? _____

27. In the most recent three months or the last three months the case was open, how often did visits occur?

1. Weekly 2. Bi-weekly 3. Monthly 4. Less than monthly 5. Did not occur

☐ **** If the child's most recent permanency goal is discharge to relative or guardianship, respond to questions 28 through 31 and proceed to the next question.**

28. Has a diligent search been conducted to identify relatives the child might live with upon discharge?

1: Yes 5: No

29. Is the child living with the relative to whom he or she will be discharged?

1: Yes 5: No

30. Are services needed to eliminate barriers prior to the child's discharge to live with a relative or guardian?

1: Yes 5: No

31. Rate the case progress in eliminating the barriers.

1: Significant Progress 2: Limited Progress 3: No Progress 9: Unable to Determine

☐ **** If the child's most recent permanency goal is adoption, respond to questions 32 through 37 and proceed to the next question.**

32. Have the parent's rights been terminated?

Mother: 1: Yes 5: No

Father: 1: Yes 5: No

33. If no, has termination of parental rights been initiated by the worker?

Mother: 1: Yes 5: No

Father: 1: Yes 5: No

34. Have steps been taken to find noncustodial parents?

1: Yes 5: No

35. Has an adoptive placement been identified for the child?

1: Yes 5: No (Skip to Question 37)

36. Is the child living with the adoptive family?

1: Yes 5: No

37. Is the agency seeking an adoptive placement for the child?

1: Yes 5: No

☐ **** If the child's most recent permanency goal is APPLA, respond to questions 38 through 39 and proceed to the next question.**

38. Prior to a goal of APPLA, does the record contain documentation that other permanency plans were considered before deciding that they were not in the child's best interest?

A) Reunification

1: Yes 5: No

B) Discharge to relative or guardianship

1: Yes 5: No

C) Adoption

1: Yes 5: No

39. Does the record contain documentation that the child's wishes were considered when developing a plan to achieve this goal?

1: Yes 5: No

40. Notes/comments for Section III: _____

IV. Case Supervision

41. Does the record contain documentation that the assigned supervisor held a supervision meeting to discuss the progress of the case within the last six months, or within six months of the case closure?

1: Yes 5: No

42. Does the record contain documentation that the supervisor reviewed the most recent FSNRA?

1: Yes 5: No

43. Does the record contain documentation that the supervisor reviewed the most recent case plan?

1: Yes 5: No

44. Notes/comments for Section IV: _____

V. Paper Record Document Check-list:

Are the following documents included in the paper record?		
A)	Most Recent Case Plan (signed by a supervisor)	1: Yes 5: No
B)	Most Recent Family Strengths, Needs and Risk Assessment (CFS -6009) (signed by a supervisor)	1: Yes 5: No
C)	Service Provider Reports	1: Yes 5: No
D)	Supervisory Review Tool	1: Yes 5: No
E)	Court Reports (CFS-6011)	1: Yes 5: No
F)	Birth Certificate	1: Yes 5: No
G)	Social Security Card	1: Yes 5: No
H)	Photograph of Child (also check CHRIS)	1: Yes 5: No
I)	Change in Placement Review (CFS-331)	1: Yes 5: No 8: N/A
J)	Child Health Services Plan (CFS-368)	1: Yes 5: No
K)	Initial Health Screening (CFS-366)	1: Yes 5: No
L)	Medi-Alert to Foster Care Provider/Medical Passport (CFS-362)	1: Yes 5: No
M)	School Records	1: Yes 5: No 8: N/A
N)	Comprehensive Health Assessment (PACE Evaluation)	1: Yes 5: No

45. Notes/comments for Section V. _____

VI. Overall Review Determination:

☐ Case handled appropriately.

☐ Case handled inappropriately in the past, but no additional decision-making is required at this point.

▪ Summary and examples of concerns/issues with the case: _____

☐ Some additional actions and/or changes in decision-making may be required.

- Summary and examples of concerns/issues with the case: _____
- Reason for case not making a progress:
1: Family 2: DCFS 3: Services Unavailable 4: Other (specify): 6: Both: Family and DCFS
- Changes that are recommended: _____
- Issues to pursue with the worker: _____
- Issues to raise with central DCFS, if any (completed after discussion with worker): _____

☐ Significant changes are required to protect the safety of the child(ren).

- Summary and examples of concerns/issues with the case: _____
- Reason for case not making progress:
1: Family 2: DCFS 3: Services Unavailable 4: Other (specify): 6: Both: Family and DCFS
- Issues to pursue with the worker: _____
- Issues to raise with central DCFS (completed after discussion with worker): _____

VII. Systemic Issues. Check all that apply:

- ☐ Case should never have been opened
- ☐ Case needs to be closed
- ☐ No or minimal casework appears to have been done on this case
- ☐ New case: more than one month has passed before engaging the family
- ☐ Poor quality FSNRA
- ☐ Not completing/updating FSNRA when needed
- ☐ Poor quality of case plan
- ☐ Not completing/updating Case Plan when needed
- ☐ Permanency goal is not appropriate for the circumstances of the case
- ☐ Poor/limited documentation on case notes/contacts
- ☐ Staffing not properly identified in contacts screen
- ☐ Not able to determine if services were completed
- ☐ Lack of appropriate service(s) in the area
- ☐ Court orders conflict with DCFS best judgment
- ☐ Apparent lack of caseworker competence/training
- ☐ Caseworker seems to have negative attitude towards the family
- ☐ Casework has suffered because of staff instability
- ☐ Hard copy file is poorly organized

Appendix C: Review Instrument for Protective Services Cases

A facsimile of the protective services review instrument is presented beginning on the following page.

Reviewer: _____

Date of Review: _____

Case Name:	Case Number:	Date Case Opened:	Service Area:
County:	Worker:	Date Worker Assigned:	Supervisor:
Reason for current agency involvement:			

I. Initial Assessment, Case Planning and Service Selection

Initial Family Strengths, Needs and Risk Assessment – Date:				
Family Strengths Element	Family Strengths Worker Narrative	Family Risk Factors	Client	Need

1. From the information obtained in the record, were the relevant clients involved in conducting the initial FSNRA?

1: All 2: Some 3: None

2. From information obtained in the record, does it appear that the worker identified significant risk factors/needs for the family?

1: All 2: Some 3: None

3. From information obtained in the record, does it appear that the worker identified strengths/supports that can help resolve the family issues?

1: All 2: Some 3: None

4. Was information from the intake, risk and safety assessment incorporated into the FSNRA?

1: All 2: Some 3: None 8: Not Applicable

Initial Case Plan: Date			Service Delivery			
Client	Need	Service	Service Delivered	Barriers to Service Delivery	Identify Services that Client or Foster Parent Requested	Were these Services Included in the Initial CP?
			Options for m/c answer:	Options for m/c answer:	Options for m/c answer:	Options for m/c answer:
			1: Yes	Refer to Sub-Table 2	Refer to Sub-Table 1 below	1: Yes
			5: No	below		5: No
			9: Unable to Determine			9: Unable to Determine

Sub-Table 1. Services - Multiple Choice Answers

01: Counseling	05: Psychological Exam	09: Anger Management	13: Emergency Assistance
02: Parenting Education	06: Domestic Violence Counseling	10: Home Based Services	14: Supervised Visitation
03: Alcohol Treatment	07: Educational Services	11: Medical Services	15: Other (specify)
04: Drug Treatment	08: Employment Services	12: Independent Living Services	16: No Other Services Requested

☐ 1: Client Refusal ☐ 3: Referral not Provided by Caseworker ☐ 5: Other (specify)
☐ 2: Service Unavailable ☐ 4: Transportation ☐ 9: Unable to Determine
☐ Referral made but waiting for service

- 1: At the initial staffing 3: Before the staffing
2: After the initial 4: Plan was not developed
staffing (Skip Q 6,7,8; proceed to Q9)
5: Initial staffing was not held

- ### Sub-Table 3. Participants - Multiple Choice Answers

Participant	Participated	If Yes, Rate the Level of Involvement	If Yes, did participant identify service needs?
A: Mother	1: Yes 5: No	1: Significant	1: Yes 5: No
B: Father		2: Moderate	
C: Child(ren)		3: Limited	
D: Grandparent(s)		9: Unable to Determine	
E: Other Family Member(s)			
F: Non-Family Member(s)			
G: Service Provider(s)			
H: Other (specify)			

- 1: All 2: Some 3: None

- 1: All 2: Some 3: None

- 1: All 2: Some 3: None

-
- HORNBY ZELLER ASSOCIATES

II. Subsequent Assessment, Case Plan Review and Service Delivery

**Note: If there is more than one assessment, complete this table for each assessment that was completed for the last two years that the case was open.

Subsequent Family Strengths, Needs and Risk Assessment							
Date	Family Strengths Element	Family Strengths Worker Narrative	Family Risk Factors	Client	Need	Input from Client(s) Utilized?	Input from Providers and Other Stakeholders Utilized?
						Options for m/c answer:	Options for m/c answer:
						1: All	1: All
						2: Some	2: Some
						3: None	3: None
						9: Unable to Determine	9: Unable to Determine

11. Is information documented in the most recent FSNRA consistent with the circumstances of the case?

1: Fully 2: Somewhat 3: Not Consistent 4: Case Closed

12. From reviewing the most recent FSNRA, rate the worker's understanding of:

E) Family's Strengths:

1: Full Understanding 2: Some Understanding 3: No Understanding

F) Needs:

1: Full Understanding 2: Some Understanding 3: No Understanding

G) Available Formal Resources:²¹

1: Full Understanding 2: Some Understanding 3: No Understanding

H) Available Informal Resources:²²

1: Full Understanding 2: Some Understanding 3: No Understanding

²¹ Formal resources include services provided to the family.

²² Informal resources include family support, church and other support groups, friends, etc.

Subsequent Case Plan							Service Delivery		
CP Date	Client	Opportunity Given to Client to Provide Input in Terms of Services	Involved in the Development of a Case Plan	Need	Service	Does the Service Address the Need?	Service Delivered	Barriers to Service Delivery	Service Needed, but Was Not Included in the Case Plan
		Options for m/c answer:	Options for m/c answer:			Options for m/c answer:	Options for m/c answer:	Options for m/c answer:	Options for m/c answer:
		1: Yes	Refer to Sub-Table 3 on page 2			1: Yes	1: Yes	Refer to Sub-Table 2 on page 1	Refer to Sub-Table 1 on page 2
		5: No				5: No	5: No		
		8: Not Applicable				9: Unable to Determine	9: Unable to Determine		
		9: Unable to Determine							

**Note: If there are no subsequent case plans, the "Plan Review/Staffing" part still needs to be completed.

Plan Review/Staffing				
Date of Plan Review	Participated in the Plan Review	Level of Progress Made Towards the Case Plan Goal	Barriers to Progress Towards the Need	If a Change in Service Occurred During the Review Period, Were Reasons and Goals Explained to the Client(s)?
	Options for m/c answer:	Options for m/c answer:	Options for m/c answer:	Options for m/c answer:
	Refer to Sub-Table 3	1: Significant Progress	Refer to Sub-Table 2 on page 1	1: All
		2: Limited progress		2: Some
		3: No Progress		3: None
		9: Unable to Determine		8: Not Applicable
				9: Unable to Determine

13. In the most recent six month did a family have a monthly visit completed each month?

1: Yes 5: No

14. Did the visits that occurred with the family within the most recent six months meet the purpose of assessing the family needs and include discussion about substantive family issues?

1: All 2: Some 3: None

15. Are there any safety issues, risks or needs that exist now, but were not identified at the time of initial assessment and should have been?

1: Yes 5: No 8: Case Closed

B) If yes, what are they? _____

16. Rate the family's current progress on the case.

1: Significant Progress 2: Limited Progress 3: No Progress 9: Unable to Determine

17. If no progress or limited progress occurred, what are the barriers towards overall case progress?

Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> 1: Client Refusal | <input type="checkbox"/> 3: Referral not Provided by Caseworker | <input type="checkbox"/> 5: Other (specify) |
| <input type="checkbox"/> 2: Service Unavailable | <input type="checkbox"/> 4: Transportation | <input type="checkbox"/> 9: Unable to Determine |
| <input type="checkbox"/> Referral made but waiting for service | | <input type="checkbox"/> Not enough time passed to make progress |

18. Notes/comments for Section II: _____

III. Case Supervision

19. Does the record contain documentation that the assigned supervisor held a supervision meeting to discuss the progress of the case within the last six months, or within six months of case closure?

1: Yes 5: No

20. Does the record contain documentation that the supervisor reviewed the most recent FSNRA?

1: Yes 5: No

21. Does the record contain documentation that the supervisor reviewed the most recent case plan?

1: Yes 5: No

22. Notes/comments for Section III: _____

IV. Paper Record Document Check-list:

Are the following documents included in the paper record?		
A)	Most Recent Case Plan (signed by a supervisor)	1: Yes 5: No
B)	Most Recent Family Strengths, Needs and Risk Assessment (CFS -6009) (signed by a supervisor)	1: Yes 5: No
C)	Service Provider Reports	1: Yes 5: No
D)	Supervisory Review Tool	1: Yes 5: No

23. Notes/comments for Section IV: _____

V. Overall Review Determination:

- ☐ Case handled appropriately.
- ☐ Case handled inappropriately in the past, but no additional decision-making is required at this point.
 - Summary and examples of concerns/issues with the case: _____
- ☐ Some additional actions and/or changes in decision-making may be required.
 - Summary and examples of concerns/issues with the case: _____
 - Reason for case not making a progress: _____

1: Family 2: DCFS 3: Services Unavailable 4: Other (specify): 6: Both: Family and DCFS

- Changes that are recommended: _____
- Issues to pursue with the worker: _____
- Issues to raise with central DCFS, if any (completed after discussion with worker): _____

☐ Significant changes are required to protect the safety of the child(ren).

- Summary and examples of concerns/issues with the case: _____
- Reason for case not making progress:

1: Family 2: DCFS 3: Services Unavailable 4: Other (specify): 6: Both: Family and DCFS

- Issues to pursue with the worker: _____
- Issues to raise with central DCFS (completed after discussion with worker): _____

VI. Systemic Issues. Check all that apply:

- ☐ Case should never have been opened
- ☐ Case needs to be closed
- ☐ No or minimal casework appears to have been done on this case
- ☐ New case: more than one month has passed before engaging the family
- ☐ Poor quality FSNRA
- ☐ Not completing/updating FSNRA when needed
- ☐ Poor quality of case plan
- ☐ Not completing/updating Case Plan when needed
- ☐ Permanency goal is not appropriate for the circumstances of the case
- ☐ Poor/limited documentation on case notes/contacts
- ☐ Staffing not properly identified in contacts screen
- ☐ Not able to determine if services were completed
- ☐ Lack of appropriate service(s) in the area
- ☐ Court orders conflict with DCFS best judgment
- ☐ Apparent lack of caseworker competence/training
- ☐ Caseworker seems to have negative attitude towards the family
- ☐ Casework has suffered because of staff instability
- ☐ Hard copy file is poorly organized